



JAMES C. KIRKPATRICK
STATE INFORMATION CENTER
(573) 751-2783

ROBIN CARNAHAN
SECRETARY OF STATE
STATE OF MISSOURI

COMMISSIONS
(866) 223-6535

INSTRUCTIONS FOR CERTIFICATE OF CHANGE OF OWNER'S NAME FOR TRADEMARK/SERVICE MARK

1. Fill in the name and address of the person or corporation who originally registered the mark.
2. Fill in the Missouri Registration Number from the Certificate of Registration and the original date of registration.
3. Fill in the new name of the registrant (individual or corporation).
4. The form is to be signed by the officer or authorized party of the registrant.
5. The change of name form is to be notarized. The notary public is to sign the form and also include their embossed or rubber stamp seal on the document. Any additional notary information required by state law is also to be completed by the notary public.
6. The fee for a change of name of a trademark/service mark is \$50. All checks or money orders should be made payable to the Director of Revenue.
7. Send a separate check for each change of name application or mark.
8. A certificate will be issued in the new name of the officer or authorized party of the registrant for the remainder of the term of registration. It will be mailed to the officer or authorized party unless otherwise specified.
9. Completed change of name forms and fee should be returned to the Secretary of State's Office, Commissions, PO Box 784, Jefferson City, MO 65102.
10. If you have any questions regarding the completion of this form, please call our office at (866) 223-6535.



State of Missouri
Robin Carnahan, Secretary of State

Commissions
PO Box 784 / 600 W. Main Street, Rm. 322
Jefferson City, MO 65102
Toll-Free (866) 223-6535 or (573) 751-2783

**Certificate of Change of Owner's Name
For Trademarks and Service Marks**

This is to certify that _____
(Original Name of Registrant)

of _____
(Address)

has changed its name, and that its use of, right to, and interest in the mark which is registered in the State of Missouri, Registration

No. _____, dated _____, shall hereafter be in the name of _____
(New Name of Registrant)

for the remainder of the term of the registration or of the last renewal thereof.

By the signature below, the registrant hereby acknowledges and represents that it has filed all filings and/or amendments with the Missouri Secretary of State necessary to effect the referenced name change, and agrees that this change of name does not serve as or complete an assignment of rights to a different entity or owner.

(Signature of officer or authorized party of the Registrant)

(Title)

State of _____

County of _____

On this _____ day of _____, before me personally appeared _____,
being the person who signed this instrument, who acknowledged that he/she signed it as a free act on his/her own behalf (or on behalf of the identified corporation or other juristic entity with authority to do so).

(Signature of Notary Public)

Return completed form to:
Commissions
PO Box 784
Jefferson City, MO 65102
(573) 751-2783

Typed or printed name _____
State of _____
Commissioned for _____ County
My Commission Expires _____
Commission # _____