

CHANGE OF ADDRESS CERTIFICATE

For Co-Partnerships or Sole Proprietorships
\$10.00 Filing Fee

Macomb County Clerk
Attn: Business Registrations
120 North Main Street
Mount Clemens, MI 48043

Date: _____ DBA File No. _____
(TO BE COMPLETED BY CLERK'S OFFICE)

Business Name: _____

The Business is a Sole Proprietorship Co-Partnership

Old Business Address:

Street: _____

City: _____ State: _____ Zip: _____

New Business Address:

Street: _____

City: _____ State: _____ Zip: _____

Signature of Business Owner: _____

Signature of Business Owner: _____

SOLE PROPRIETORSHIPS – ACT 151 OF 1949, SECTIONS 445.2B AND 445.3
CO-PARTNERSHIPS – ACT 138 OF 1955, SECTIONS 449.104 AND 445.105