

COUNTY OF LIVINGSTON
Office of the County Clerk
200 E. Grand River Ave
Howell, MI 48843
(517) 546-0500

File Number:

Date Filed:

Date of Change:

CERTIFICATE OF COPARTNERSHIP
CHANGE OF ADDRESS

The undersigned does request that a change be made under the Business Name of:

New Address:

Printed Name

New Residential Address (Street, City, State, Zip)

Name of Business:

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

File Number:

STATE OF MICHIGAN } §
COUNTY OF LIVINGSTON }

I, **ELIZABETH HUNDLEY**, Clerk of the County of Livingston and of the Circuit Court thereof, do hereby certify that I have compared the within copy of Certificate with the original on record in my office, and that the above is a true and complete copy of the original. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, this _____ day of _____, 20____.

ELIZABETH HUNDLEY, Livingston County Clerk



By: _____
Deputy Clerk