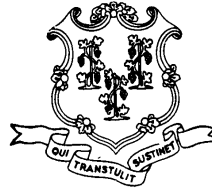


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 LICENSE SERVICES DIVISION  
 450 Columbus Blvd, Ste. 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**Application for Name Change of Legal Entity**

This application must be accompanied by a check or money order in the amount of \$25.00. Checks should be made payable to "Treasurer, State of Connecticut". Please return completed application and fee to the above address.

Current Name of Legal Entity		Connecticut Broker License Number		
Business Street Address		Business City		State
				Zip Code
Telephone Number	Current Designated Broker		Email Address	

**Name Change of Legal Entity**

NEW Name of Legal Entity	
Has this amended name been filed with the Connecticut Secretary of the State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Your application will not be processed until your legal entity name has been changed with the Secretary of the State's Office)</b>	
Has the ownership changed for the legal entity? <input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If you have answered yes, please complete the Affidavit of Ownership Form (attached).</i></b>	
Has the Designated Broker changed? <input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If yes, please complete the Application to Change Designated Broker form located on the Department's web-site at <a href="http://www.ct.gov/dcp">www.ct.gov/dcp</a>.</i></b>	

**Consent for Service for all Non-Residents**

The undersigned \_\_\_\_\_ county of \_\_\_\_\_

State of \_\_\_\_\_ I, applicant hereby file irrevocably consent that suits and actions may be commenced against such applicant in the proper court in any judicial district of the state in which a cause of action may arise or in which the plaintiff may reside, and that in the event proper service of process cannot be made upon such applicant in any such proceeding, service may be made by service of process or pleading authorized by the laws of Connecticut on the Chairperson of the Connecticut Real Estate Commission, hereby stipulating and agreeing that such service of such process or pleading upon the said Chairperson of the Connecticut Real Estate Commission shall be taken and held in all courts to be as valid and binding as if service had been made upon said applicant in the State of Connecticut. In accordance with Section 20-317(b) CGS.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Attestation of this Application (All applicants must sign)**

***I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*



**AFFIDAVIT OF OWNERSHIP**

**All changes in ownership or control of a legal entity shall be reported within 30 days of such change by filing a new Affidavit of Ownership.**

Name of Legal Entity	Email Address
Name of Designated Broker	Date Affidavit Completed

**EFFECTIVE OCTOBER 1, 2005, LICENSED INDIVIDUAL REAL ESTATE BROKERS OR SALESPERSONS WHO ENGAGE IN THE REAL ESTATE BUSINESS AS A PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY SHALL OBTAIN A BROKER LICENSE IN THE NAME OF THAT LEGAL ENTITY. THERE MUST BE ONE (OR MORE) LICENSED BROKER(S) WHO OWNS 51% OF THE LEGAL ENTITY. NO SALESPERSON MAY HAVE A CONTROLLING INTEREST IN THE LEGAL ENTITY. REFER TO Connecticut General Statutes Section 20-312(a)(b).**

**You must check (✓) the box that applies:**

- |  |  |
|--|--|
| <input type="checkbox"/> PUBLICLY-TRADED STOCK CORPORATION | <input type="checkbox"/> PARTNERSHIP           |
| <input type="checkbox"/> CLOSED STOCK CORPORATION          | <input type="checkbox"/> NON-STOCK CORPORATION |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY         |  |

**REQUIRED ATTACHMENTS: You must attach the PARTNERSHIP AGREEMENT, ARTICLES OF ORGANIZATION or ARTICLES OF INCORPORATION to this affidavit.**

**MEMBERS/OFFICERS (attach as many forms as needed)**

First Name		Middle Initial	Last Name	
Mailing Street Address		Mailing City		State   Zip Code
Percentage of Ownership	Percentage of Stock Interest	Is the Member/Officer a: <input type="checkbox"/> SALESPERSON <input type="checkbox"/> BROKER <input type="checkbox"/> UNLICENSED		CT License Number

First Name		Middle Initial	Last Name	
Mailing Street Address		Mailing City		State   Zip Code
Percentage of Ownership	Percentage of Stock Interest	Is the Member/Officer a: <input type="checkbox"/> SALESPERSON <input type="checkbox"/> BROKER <input type="checkbox"/> UNLICENSED		CT License Number

First Name		Middle Initial	Last Name	
Mailing Street Address		Mailing City		State   Zip Code
Percentage of Ownership	Percentage of Stock Interest	Is the Member/Officer a: <input type="checkbox"/> SALESPERSON <input type="checkbox"/> BROKER <input type="checkbox"/> UNLICENSED		CT License Number

**Attestation of this Application**

***I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*