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## OFFICE NAME CHANGE FORM

*Attention Member: Complete form and return to LRRRA at the address, fax or email listed above along with the \$100.00 Office Name Change Fee.*

TODAY'S DATE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

Principle Broker Name: \_\_\_\_\_

Previous Office Name: \_\_\_\_\_

New Office Name: \_\_\_\_\_

PREFERRED MAILING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED EMAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

BUSINESS FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

SIGNATURE & DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

**\$100 Local Admin Fee:** \_\_\_\_\_