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OFFICE NAME CHANGE FORM

Attention Member: Complete form and return to LRRA 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: _____