



BRANCH OFFICE  
Veterans Memorial Courthouse  
Lansing, MI 48933  
inghamclerk@ingham.org  
www.clerk.ingham.org

**Barb Byrum**  
**Ingham County Clerk**

MAIN OFFICE  
P.O. Box 179  
341 South Jefferson  
Mason, MI 48854  
Phone: (517) 676-7201  
Fax: (517) 676-7254

**Change of Address Certificate**

The undersigned hereby certify the change of the place of business as follows:

**Name of Business:** \_\_\_\_\_

**Old Address:** \_\_\_\_\_

**New Address:** \_\_\_\_\_

**Signature of Person(s) Conducting Business Under an  
Assumed Name or Co-Partner(s)\***

**Printed Name**

Signature of Person(s) Conducting Business Under an Assumed Name or Co-Partner(s)*	Printed Name

**\*Please Note:** All owners of an assumed name must sign the certificate before a Deputy County Clerk or Notary Public. Only one Co-Partner is required to sign the certificate before a Deputy County Clerk or Notary Public.

**Subscribed and sworn to by** \_\_\_\_\_ **before me on** \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary Public Signature

Notary Public Printed Name: \_\_\_\_\_  
Notary Public, State of Michigan, County of: \_\_\_\_\_  
My commission expires on: \_\_\_\_\_

DO NOT WRITE BENEATH THIS LINE

**This Certificate was filed on:** \_\_\_\_\_

*State of Michigan, County of Ingham } ss*

I, **Barb Byrum**, Clerk of Ingham County and Clerk of the 30th Judicial Circuit Court, do hereby certify that I have compared the above copy with that original certificate on file in my Office and that it is a true copy thereof.

It testimony whereof, I have hereunto set my hand and affixed the seal of said Circuit Court on \_\_\_\_\_.

**Ingham County Clerk Barb Byrum**

By: \_\_\_\_\_  
Deputy Clerk