

**NYS ASSUMED BUSINESS NAME CHANGE – CORP.**

DATE: \_\_\_\_\_

1. Legal Name of Entity: \_\_\_\_\_
2. Assumed Name to Be Filed: \_\_\_\_\_
3. Principal Address Where Assumed Name Will Be Used: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_
4. Principal Business Address in NY: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_
5. Any Additional Counties to Be Included: \_\_\_\_\_  
\_\_\_\_\_

6. Name and Title of Person Authorized to Execute Document on Behalf of Entity:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

7. (Optional) Name and Address of Registered Agent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Use RCSG (annual fee applies): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address for Delivery of Legal Documents: \_\_\_\_\_

\_\_\_\_\_



COST OF SERVICE

Preparation and Submission: \$ 105.00

NYS Filing Fees: \$ 125.00

County Registration Fee: \$ 25.00

*(Fees set by counties; additional counties at additional cost.)*

Administrative Fees: \$ 10.00

TOTAL: \$ 265.00

CREDIT CARD PAYMENT

Card No: \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder Signature: X \_\_\_\_\_

*Please note: The fee above is an estimate only. It is possible to incur additional disbursements to complete this order. If there are additional fees, they will be applied to this credit card.*

