



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



CHANGE OF ADDRESS/NAME FORM

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

(803) 734-4200 | consumer.sc.gov | (800) 922-1594

Street Address

293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

IMPORTANT: Use this form to report an address change or name change to the Department of Consumer Affairs. A change of ownership or federal tax identification number requires a new application/registration and filing fee.

All information with an asterisk (*) is required to process your request. Any other information should be provided as needed or applicable. Print legibly or type information requested on this form. Illegible or faxed applications will not be accepted. When you have completed the form, email it to legal@scconsumer.gov or mail it to one of the addresses above.

*Business Name
(current/changing from) _____

New Business Name _____

| | | | |
|---|--|--|---------------------------|
| *Type of Business (check one and provide last 4 digits of FTIN or SSN in box to right) | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | } Fed Tax ID No. (last 4) |
| | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership | |
| | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Sole Proprietorship | } SSN (last 4) _____ |

*Physical Address
(current/changing from) _____

City _____ State _____ Zip _____

New Physical Address _____

City _____ State _____ Zip _____

*Mailing Address
(current/changing from) _____

City _____ State _____ Zip _____

New Mailing Address _____

City _____ State _____ Zip _____

*Effective Date of Changes _____ *E-mail Address for updated certificates _____

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____

Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.