

**State of Florida
Department of Business and Professional Regulation
Division of Professions: Athlete Agents
Request for Address/Name Change
Form # DBPR AA-4102**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS
Applicants submitting a name change must submit: ☐ Supporting legal documentation of name change (e.g. court documents showing name change, marriage license, divorce decree, etc.)

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. General Requirements for Registration

- a. This form is required if you are an Athlete Agent and you are updating your personal information with the Department of Business and Professional Regulation.
- b. This form is also required if you are updating a business address with the Department of Business and Professional Regulation.

2. Application Instructions (by section)

a. Section I- Transaction Types

- i. Select the transactions you wish to conduct. Note that you may complete multiple transactions with this form at one time.

b. Section II - Applicant Personal Information

- i. Each applicant must provide their license number and the name on their current license.
- ii. For each transaction you wish to complete, fill out the appropriate section completely.
 - (1) Change of Name: Applicant must provide their changed name with supporting legal documentation showing the name change.
 - (2) Change of Mailing Address: Applicant must provide their new mailing address.
 - (3) Change of Residence Address: Applicant must provide their new residential address if they have moved.
 - (4) Change of Business Address: Applicant must provide their new business location address if their business has changed locations.

c. Section III - Affirmation by Written Declaration

- i. Each applicant must sign the affirmation by written declaration.

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For additional information see the Instructions at the end of this application.

Section I – Transaction Type

TRANSACTION TYPE – Note: Choose all applicable transactions. [6001/9006]	
☐ Name Change ☐ Change Mailing Address ☐ Change Contact Information	☐ Change Residence Address ☐ Change Business Address

Section II – Applicant Personal Information

LICENSEE INFORMATION	
Name:	License Number:
Phone Number:	Email Address:

NAME CHANGE		
*Licensee Name (new, if applicable)		
*NOTE: A change of name requires submitting supporting legal documentation of name change. See Instructions at the beginning of this application for more information.		
NEW MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
NEW RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
NEW BUSINESS LOCATION ADDRESS		
Business/Firm Name		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	



Section V – Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.	
Signature:	Date:
Print Name:	