

State of Florida
Department of Business and Professional Regulation
Board of Employee Leasing Companies
Request for Address or Name Change
Form # DBPR ELC 8

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

TRANSACTION	TRANSACTION REQUIREMENTS
Company Name Change	<input type="checkbox"/> Complete this entire application. <input type="checkbox"/> Pay \$50.00 fee (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Updated registration with Florida Secretary of State's Office. <input type="checkbox"/> Updated Certificate of Workers' Compensation Insurance reflecting the company's new name. <input type="checkbox"/> Return the old license or explanation as to why it cannot be returned.
Controlling Person Name Change	<input type="checkbox"/> Complete this entire application. <input type="checkbox"/> Submit supporting legal documentation of name change (e.g. court documents showing name change, marriage license, divorce decree, etc.).
Personal/Business Address Change	<input type="checkbox"/> Complete this entire application.

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. Application Instructions by section

a. Section I – Transaction Type

i. Name Change

- a. Select this transaction if you need to update your name information.
- b. For a Controlling Person, you must submit supporting legal documentation of the name change (e.g. court documents showing name change, marriage license, divorce decree, etc.)
- c. For a Company, you must submit copies of the filed articles of incorporation, *articles of amendment, articles of merger, or fictitious name registration, as filed with the Florida Secretary of State's Office.*

ii. Mailing Address Change

- a. Select this transaction if you need to update your mailing address information.

b. Section II – Applicant Information

- i. Enter your license number.
- ii. Business Name Change
 - a. If you are changing the name of an Employee Leasing Company provide the previous name.
 - b. Provide the new name of the company as registered with the Florida Division of Corporations.
 - c. If applicable, the "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations.
 - d. Provide an updated Certificate of Workers' Compensation Insurance reflecting the company's new name
 - e. Failure to provide proper legal documents will result in a deficient application.
 - f. Return the old license or provide an explanation as to why it cannot be returned.

- iii. Controlling Person Name Change
 - a. If you will be updating your name information, provide your previous name
 - b. Enter your new name as it is shown on the supporting legal documentation showing the name change.
 - c. Applicant must provide supporting legal documentation of name change (e.g. court documents, marriage license, divorce decree, etc.)
 - d. Failure to provide proper legal documents will result in a deficient application.
 - e. Return the old license or provide an explanation as to why it cannot be returned.
 - iv. Provide a valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
 - v. Provide your mailing address.
 - vi. Provide your business location address.
- c. Section III – Affirmation by Written Declaration**
- i. The applicant must sign and date the affirmation by written declaration.

State of Florida
Department of Business and Professional Regulation
Board of Employee Leasing Companies
Request for Address or Name Change
Form # DBPR ELC 8

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**.

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

Section I – Application Type

TRANSACTION TYPES	
<input type="checkbox"/>	Personal Name Change [6301/9006]
<input type="checkbox"/>	Business Name Change [6302, 6303, 6304, 6305/3021]
<input type="checkbox"/>	Personal or Business Address Change [6301, 6302, 6303, 6304, 6305/9006]

Section II – Licensee Information

LICENSEE INFORMATION			
License Number:			
BUSINESS NAME CHANGE			
License Name (previous):			
License Name (new):			
Doing Business As (DBA) Name:			
CONTROLLING PERSON NAME CHANGE			
Last/Surname (previous)	First	Middle	Suffix
Last/Surname (new)	First	Middle	Suffix
CONTACT INFORMATION			
Phone Number	Email Address		
MAILING ADDRESS			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
BUSINESS LOCATION ADDRESS			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	



Section III – 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:	