



Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

Address

Street

City

State

ZIP Code

Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

Trademark or Service Mark Registration Update

Filing Fee: \$25

Form Must Be Typed

CHECK ONLY ONE (1) Box

- | | |
|------------------------------|--|
| (1) <input type="checkbox"/> | Assignment of Registered Mark
(116-TMA/SMA) |
| (2) <input type="checkbox"/> | Change of Registrant's Business Address
(176-TMB/SMB) |
| (3) <input type="checkbox"/> | Cancellation of Registration
(184-TMX/SMX) |

Trademark or Service Mark Description	<input type="text"/>
Registration Number	<input type="text"/>
Name of Current Registrant	<input type="text"/>

Complete the information in this section if box (1) is checked above

New Registrant's Name	<input type="text"/>		
New Registrant's Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP Code	<input type="text"/>

Complete the information in this section if box (2) is checked

Registrant's New Address

Mailing Address

City

State

ZIP Code

No additional information required if box (3) is checked above. Please sign form below.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Instructions for Trademark or Service Mark Registration Update

This form should be used if you wish to (1) assign a mark registration to a new registrant; (2) provide a new business address for the current registrant; or (3) cancel the registration.

Please select the box that indicates what action you wish to take with respect to your trademark or service mark registration, provide the description of the mark as registered with our office, the registration number assigned by our office, and provide the name of the current registrant on file with our office.

Follow these additional instructions if box (1) is checked.

Ohio Revised Code Section 1329.60 permits a trademark or service mark registration to be assigned. In other words, the current registrant of a trademark or service mark may assign the mark to another person or entity. If you assign your mark, then the assignment must be recorded with the secretary of state using this form. Please provide the name and address of the new registrant if box (1) is checked.

Follow these additional instructions if box (2) is checked.

Ohio Revised Code Section 1329.601 requires the registrant of a mark to report a change of business address to the secretary of state. Please provide a new business address for the registrant.

Follow these additional instructions if box (3) is checked.

Ohio Revised Code Section 1329.62 permits the registrant of a mark to file a cancellation with our office. No additional information is required if box (3) is checked. Please remember to sign the form.

Signature

The form must be signed by the current registrant of the mark, or an authorized representative of the current registrant.