



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.](#)

Change of Registrant Name

Filing Fee: \$25

(180-RNN)

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Mark of Ownership	<input type="checkbox"/> Trademark
<input type="checkbox"/> Trade Name		<input type="checkbox"/> Service Mark

Name of Current Registrant	<input type="text"/>
Registered Name or Description of Mark	<input type="text"/>
Registration No. of Name or Mark	<input type="text"/>

Change of Registrant's Name has occurred by:

- Certificate of Merger
- Certificate of Consolidation
- Certificate of Conversion
- Statement of Qualification
- Certificate of Amendment, Restatement, Correction, or Cancellation
- Change of registrant's name in foreign entity's jurisdiction of formation
(this applies to a foreign entity not on the records in Ohio)
- Legal Name Change

Provide new information

Name

Charter/License/Registration Number (If registrant is a business entity registered in Ohio)

Mailing Address

City

State

Zip Code

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

Document must be signed by 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

Signature

By (if applicable)

Print Name

Instructions for Change of Registrant Name

This form must be used to change the registrant's name on the records of a fictitious name, trade name, trademark, service mark, or mark of ownership. Please check the appropriate box to designate the type of name or mark being changed.

Current Registration Information

Please provide the name of the current registrant of the name or mark. Also, provide the registration number, which can be found on the original registration certificate. Please provide the name or the description of the mark.

Reason for Registrant Change

Please check the appropriate box to indicate the basis for the registrant's change.

The registrant may have changed through a merger, consolidation, conversion or qualification. The registrant's name may have changed through a name change within a merger, through an Amendment, Restatement, Correction or Cancellation. If a foreign entity has registered a mark in Ohio, the name may change in its jurisdiction of formation, but if the entity is not registered in Ohio, this will not be reflected on our records. This change of name may be noted on this form. If an individual registrant legally changes his or her name, this may be reflected on this form.

New Information

Please provide the new name and address of the registrant. If the registrant is an entity and incorporated, licensed or registered in Ohio, please provide the charter/license/registration number assigned by our office.

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature

After completing all information on the filing form, please make sure that the form is signed by the current registrant "relinquishing the name or mark" (registrant of the name or mark on our record).

****Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**