

**TM/SM-35b**

**Mail to:**

**Secretary of State**  
Department of Business Services  
Trademark Division  
501 S. Second St., Rm. 330  
Springfield, IL 62756  
217-524-0400  
www.ilsos.gov

**Payment may be made by check  
or money order payable to Illinois  
Secretary of State.  
Please do not send mail cash.**

**State of Illinois  
Trademark or Service Mark  
Application for Change of Name  
and/or Address of Registrant**

**Type, Laser Print or Legibly Print in black ink.**

**This space for use by Secretary of State.**

**Recording Fee: \$5**

**See additional page for instructions  
and required documentation.**

**FILE #:**

This space for use by Secretary of State.

1. Name of Registrant/Owner of the Mark: \_\_\_\_\_  
(owner of the mark)

2. Business Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Street: _____	Street: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____

3. Registration Number: \_ \_ \_ - \_ \_ \_ Original Date of Registration: \_\_\_\_\_  
MM/DD/YYYY

4. Name of Mark: \_\_\_\_\_

5. Name of Registrant/Owner of the Mark: \_\_\_\_\_  
(after change)

6. Business Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Street: _____	Street: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____

The undersigned hereby declares, under penalties of perjury, that the statements contained in the foregoing application are true.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Type or Print Name of Applicant

\_\_\_\_\_  
Title of Applicant

\_\_\_\_\_  
Contact Phone Number

## **INSTRUCTIONS FOR NAME/ADDRESS CHANGE APPLICATION [TM/SM-35b]**

### **NOTES:**

- The change of name and/or address for the Registrant/Owner of any Mark must be on a form provided by the Secretary of State.
- A \$5 Recording Fee must accompany the completed application in the form of a check or money order payable to Illinois Secretary of State.
- The form must be typed, laser-printed or legibly printed in black ink.

### **INSTRUCTIONS:**

1. Provide the name of the Registrant/Owner of the Mark as it currently appears on the records of the Trademark/Service Mark office (before change).
2. Provide the complete address of the Registrant/Owner of the Mark as it currently appears on the records of the Trademark/Service Mark office (before change).
3. Provide the registration number and the original date of registration as it appears on the records of the Trademark/Service Mark office.
4. Provide the name of the Mark as originally registered.
5. Provide the name of the Registrant as it should appear after the recording of this document.
6. Provide the address for the Registrant as it should appear after the recording of this document.

**Supporting Documentation:** A copy of the supporting document showing the change of name for the Registrant should accompany this application.

**Signature and Contact Information:** The Registrant or the Attorney-in-Fact for the Registrant must sign the form. The capacity in which the person is signing must be given, i.e., Registrant, Officer, Attorney-in-Fact.

**Duration and Renewal:** A certificate indicating the change in name and/or address may be issued for the remainder of the current term of the Mark.