



Department of Commerce

Division of Real Estate & Professional Licensing
77 South High Street, 20th Floor
Columbus, Ohio 43215-6133

Please visit our website at
www.com.ohio.gov/real

614 | 466-4100

Fax: 614 | 644-0584

TTY/TDD: 800 | 750-0750

John R. Kasich, Governor

Jacqueline T. Williams, Director

Anne M. Petit, Superintendent

REAL ESTATE

CHANGE APPLICATION - BUSINESS

- This form is interactive. You may, before printing, type your responses directly onto the form. Otherwise, this form must be typewritten or printed legibly in black ink.
- Incomplete or incorrect applications will be returned for correction.**
- A check or money order for any fees, made payable to Division of Real Estate & Professional Licensing, must be remitted with this form. **Cash will not be accepted.**
- Do not use this form if you are registering a completely new company with a new registration/charter number from the Ohio Secretary of State. Use the Association, Corporation, LLC, or Partnership Application as appropriate. If you need to submit a change of business address, please use the appropriate Change of Business Address form.**
- Please submit, with this application, a copy of the certificate from the Secretary of State that proves your business entity and name certification are properly registered with that office.
- If you are only changing your company name and not changing your charter number or your DBA name, please submit your new company name registration along with this application.

FEE: \$ 25.00

| |
|------------------------------|
| FOR DIVISION USE ONLY |
| |

REASON FOR COMPLETING THIS FORM (check all that apply)

- CHANGE OF BUSINESS ENTITY NAME** (Complete sections 1, 2, 3, 6 and 7; submit a letter from the bank at which the trust/special account is held that includes the account-holder name, the account number, and a statement that the account is a non-interest bearing trust or special account; if more than one broker or one or more salesperson is involved in this transaction, complete and submit the **Multiple License Transfer Affidavit [COM 3683]**; remit **\$25 application fee, \$25 fee** for each salesperson license and **\$25 fee** for each broker license, **not to exceed a total of \$6,000.**) **Return original company license and addendum.**
- CHANGE OR ESTABLISH NEW FICTITIOUS OR DOING BUSINESS AS (DBA) NAME** (Complete sections 1, 2, 4, 6, and 7; submit a letter from the bank at which the trust/special account is held that includes the account DBA name, the account number, and a statement that the account is a non-interest bearing trust/special account; if more than one broker or one or more salesperson is involved in this transaction, complete and submit the **Multiple License Transfer Affidavit [COM 3683]**; remit **\$25 application fee, \$25 fee** for each salesperson license and **\$25 fee** for each broker license, **not to exceed a total of \$6,000.**) **Return original company license and addendum.**
- REPLACE LOST OR DAMAGED LICENSE: CHOOSE ONE:** REISSUE LICENSE; PLACE LICENSE IN INACTIVE STATUS (Complete sections 1, and 2; complete section 6 if applicable; **\$25 fee.**)
- ADD MULTIPLE DBAs** (Complete sections 1, 2, 3, 5 and 7 below; submit this form, along with your Secretary of State filing and trust account information, **\$25 fee.**) **Return original company license and addendum.**

| | | | |
|---|--|---------------------|----------------|
| 1. APPLICANT FILE NUMBER, COMPANY FILE NUMBER***, & FEDERAL TAX ID | APPLICANT FILE NUMBER | COMPANY FILE NUMBER | FEDERAL TAX ID |
| 2. CURRENT BUSINESS ENTITY NAME | CURRENT BUSINESS ENTITY NAME AND DBA | | |
| 3. NEW BUSINESS ENTITY NAME | NEW BUSINESS ENTITY NAME | | |
| 4. NEW FICTITIOUS OR DBA NAME | NEW FICTITIOUS OR DBA NAME | | |
| 5. ADDITIONAL DBA NAME | DBA NAME | | |
| ADDITIONAL DBA NAME | DBA NAME | | |
| ADDITIONAL DBA NAME | DBA NAME | | |
| ADDITIONAL DBA NAME | DBA NAME | | |
| 6. NEW BUSINESS ADDRESS | BUSINESS ADDRESS | | BUSINESS PHONE |
| | CITY | STATE | ZIP CODE |
| 7. Name of applicant or broker/officer/member/partner authorized to bind same. (type or print) | Signature of applicant or broker/officer/member/partner authorized to bind same. | | DATE |

*****THIS APPLICATION CANNOT BE PROCESSED WITHOUT THE APPLICANT AND COMPANY FILE NUMBERS.**

NOTICE: Refusal of check payment by the drawer's bank may result in a one-hundred-dollar fee payable to the superintendent or rejection or withdrawal of approval of this application.