



STATE OF MICHIGAN
JOCELYN BENSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

Repair Facility Change of Address Notification

Dear Repair Facility Owner:

Please use this form to notify Business Licensing Section of a change in your business address. The business address cannot be updated until notification of this change is received in writing.

Please complete the following:

Facility License Number: _____

Facility Name: _____

Street Address: _____

City/State/Zip: _____

Facility email address: _____

Owner/Officer Signature: _____

Owner/Officer Signed Date: _____

Owner/Officer Printed Name: _____

Return this notification to:

Michigan Department of State
Business Licensing Section
Lansing, MI 48918

You may also email it to licensing@michigan.gov.

If you have any questions, please contact the Business Licensing Section 517-241-0137.

Sincerely,

Business Licensing Section

Rev. 01/2023