



STATE OF MICHIGAN
RUTH JOHNSON, 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 e-mail address: _____

Owner/Officer Signature: _____

Owner/Officer Printed Name: _____

Return this notification to:

Michigan Department of State
Business Licensing Section
Lansing, MI 48918

You may also fax the completed form to (517) 335-2810 or e-mail it to licensing@michigan.gov.

If you have any questions, please contact the Business Licensing Section at 1-888-SOS-MICH (1-888-767-6424).

Sincerely,

Business Licensing Section