



Arkansas State Board of Public Accountancy

101 East Capitol, Suite 450 • Little Rock, AR 72201

phone (501) 682-2575 • fax (501) 682-5538 • www.arkansas.gov/ASBPA

Notification of Firm Name Change

Entity License Number

New Entity Name

Old Entity Name

Current Business Address

(____) ____ - ____
Phone

(____) ____ - ____
Fax

E-mail

Officer/Partner (Print)

Signature

Date

Please enclose the \$40 name change fee, the old wall certificate, or Affidavit of Understanding, and the amended Articles of Incorporation.

Include the Ownership Disclosure form if there is a change in ownership.

If you need an entity (Partnership to Corporation, etc.) change do not complete this form. Contact the ASBPA
