



# 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](http://www.arkansas.gov/ASBPA)

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## Notification of Firm Name Change

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\_\_\_\_\_  
Entity License Number

\_\_\_\_\_  
New Entity Name

\_\_\_\_\_  
Old Entity Name

\_\_\_\_\_  
Current Business Address

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Phone

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Officer/Partner (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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.

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

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