

Notice: This form is provided as a convenience to the customers of the Hudson County Clerk. It does not imply legal advice as to the form or its content. The filing of this Trade Name certificate does not preclude the use of this name by an incorporated entity.

(You may want to consult an Attorney for guidance and direction in these matters.)



**CERTIFICATE OF TRADE NAME
CHANGE OF ADDRESS FORM**
ELEUTERIO MALDONADO, JR.
CLERK OF HUDSON COUNTY
(PLEASE TYPE OR PRINT CLEARLY)

The undersigned hereby certifies that the partnership:

Trade Name: _____
Business Old Address: _____
City/Town: _____ Zip Code: _____
Business New Address: _____
City/Town : _____
Business Phone # _____ E-mail Address: _____
Date Registered: _____ Original Trade Name No.: _____

OWNER(S) INFORMATION

(DO NOT SIGN OR TAKE THE OATH UNTIL IN THE PRESENCE OF A NOTARY PUBLIC)

Owner #1 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Owner #2 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Owner #3 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

TO BE COMPLETED ONLY IF ANY OF THE OWNER(S) LIVE OUT OF STATE:

We do **hereby** appoint the Clerk of Hudson County, in the State of New Jersey, and his/her successors in office, our attorney in fact, upon whom may be served all process affecting the aforesaid business and trade name _____ . And we do further agree that any process against the aforesaid Clerk of Hudson County be served, shall be of the same effect as if duly served upon the non-resident owner(s)/partner(s).

**STATE OF NEW JERSEY
COUNTY OF HUDSON**

The undersigned being duly sworn, say that all of the above person(s) named in the foregoing certificate swore before me that the statements contained therein are true, accurate and complete. Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

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Processed by: _____ *Trade Name #* _____

ADDITIONAL OWNER'S INFORMATION

(DO NOT SIGN OR TAKE THE OATH UNTIL IN THE PRESENCE OF A NOTARY PUBLIC)

Owner #4 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Owner #5 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Owner #6 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____