

Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

NOTICE OF TRANSFER OF FICTITIOUS NAME

(Please type or print)

The undersigned, pursuant to the laws of the State of Arkansas, hereby requests that the following fictitious name be transferred:

			Fictitious Name Exactly as Filed			
Transferring Entity:						
	Street Address:					
	City:		State:	Zip Code:		
New Entity Using th	ne Name:					
	Street Address:					
	City:		State:	Zip Code:		
			Application for Ficti	d in conjunction with the tious Name.		
representative of the knowledge and is it	ne current user, and the made with the intent to	nat I have the auth o file with the Arka	nority to make this transfer. The in ansas Secretary of State. I unders	ame being transferred or the lawfully aut formation provided herein is true to the l tand that knowingly signing a false docu a fine up to \$100.00 and/or imprisonme	best of my ment with the intent	
Transferor's Signature				Title, if Applicable		
State of Arkansas						
County of						
Subscribed and sw	orn before me, a Nota	ary Public,			{Seal}	
	ay of				(Soul)	
My Commission E	xpires:		Notary Public:			

Filing Fee: \$25.00 NTF Rev. 12/24