



**PASSAIC COUNTY CLERK'S OFFICE**  
**TRADE NAME CHANGE OF ADDRESS**

TRADE NAME # \_\_\_\_\_

Each of the undersigned who is not resident in the State of New Jersey constitutes the County Clerk of the County of Passaic, State of New Jersey, and their successors in office, their true and lawful attorney, upon whom all original process in an action or legal proceeding against them for any debt, damages or liability, contracted or incurred by them, in, or growing out of, the transaction of said business in the State of New Jersey, may be served, and agrees that such origin I(we) process which may be served on said County Clerk shall be of the same force and validity as if served upon them and that such authority shall continue in force so long as they transact said business in the State of New Jersey.

**FOR RECORDER'S USE ONLY**

**Print Full Name of Registrant(s):**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**I, (WE) hereby CERTIFY that (Name of Business):**

\_\_\_\_\_

**Have changed my (our) address FROM:**

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip

**TO:**

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip

**The above Registrant(s) is of full age, being duly sworn according to law, on their oath says, that they are the person who made out the foregoing certificate and that the statements therein made are true and correct in each and every particular.**

State of New Jersey  
County of Passaic  
Sworn and subscribed to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Signature of Registrant(s):**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_