

St. John the Baptist Parish CHANGE OF STATUS REPORT

*Enter Information in
Boxes Only

OFFICIAL USE ONLY

ACCOUNT NUMBER:

RECORDED BY:

DATE:

Type of Change:

A. Business discontinued/closed

B. Change of name

Effective date of change:

C. Change of mailing and/or physical address

D. Change of entity type

E. Business sold*

*Name of new owner:

A. Reason for closure:

B. New Legal Name of business:

New Trade Name of business:

C. New Physical Address:

Physical Address	City	State	Zip code	Phone	Parish

New Mailing Address:

(If same as physical, write "same")

Mailing Address	City	State	Zip code	Phone	Parish

D. New Type of Organization:

Individual

Corporation

LLC

Non-Profit

Partnership

LLP

Government

Other >

I affirm that the information given on this application is complete, true and correct.

Signature of Applicant:

Title:

Signature of Preparer:

Date: