



1201 Main Street, Suite 1000
Columbia SC 29201
P. O. Box 100105
Columbia SC 29202-3105
Telephone: (803) 737-6193

Business Entity Name Change Request Form

- This form may be mailed to either address listed above or attached to an email to be sent to agntmail@doi.sc.gov.
- Digital signatures will not be accepted.
- Business entities must provide a Certificate of Authority for verification of the name change **or** proof that the name has been changed in the resident state.
- Please print clearly and legibly in blue or black ink.

Agency Code _____ **OR** FEIN _____

Previous Name _____

New Name _____

Addition of DBA _____

Signature _____