

**CHANGE OF ADDRESS CERTIFICATE**

For Co-Partnerships or Sole Proprietorships  
\$10.00 Filing Fee

CARMELLA SABAUGH  
Macomb County Clerk  
Attn: Business Registrations  
40 North Main Street, 1st Floor  
Mount Clemens, MI 48043

Date: \_\_\_\_\_ DBA File No. \_\_\_\_\_  
(TO BE COMPLETED BY CLERK'S OFFICE)

Business Name: \_\_\_\_\_  
The Business is a  Sole Proprietorship  Co-Partnership

Old Business Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Business Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_

SOLE PROPRIETORSHIPS – ACT 151 OF 1949, SECTIONS 445.2B AND 445.3  
CO-PARTNERSHIPS – ACT 138 OF 1955, SECTIONS 449.104 AND 445.105