



5. *Check one or more of the following, as appropriate:*

The fictitious name has been changed to:

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The principal place of business set forth in paragraph 2 has been changed to (PO Box alone not acceptable):

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Number and street	City	State	Zip	County
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The following party(ies) has (have) been added to the registration and their signature(s) appear(s) at the end of this application.

Name	Number and street	City	State	Zip
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The following party(ies) has (have) withdrawn from the business and their signature(s) appear(s) at the end of this application.

Name	Number and street	City	State	Zip
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The fictitious name registration is cancelled.

6. *Check box for Application for Amendment Only:*

This amendment, without reference to any other filing sets forth all information with respect to the fictitious name which would be required in an original filing under the Fictitious Names Act.

7. *Optional-See Instruction F:* This application has been executed by an agent heretofore designated for that purpose in a prior filing in this registration.

IN TESTIMONY WHEREOF, the undersigned has (have) caused this Application for Amendment, Withdrawal or Cancellation of/from Fictitious Name to be executed this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Adding party(ies) signature(s)

Withdrawing party(ies) signature(s)

All current party(ies) signature(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title



**Department of State  
Corporation Bureau  
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Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) If the amendment effects a change of name, any necessary copies of form DSCB:17.2.3 (Consent to Appropriation of Name).
  - (2) Any necessary governmental approvals.
- D. For general instructions relating to fictitious name registration see 19 Pa. Code Subch. 17C (relating to Fictitious names). These instructions relate to such matters as voluntary and mandatory registration, general restrictions on name availability, use of corporate designators, agent for effecting amendments, etc., execution, official advertising when an individual is a party to the registration, and effect of registration and non-registration.
- E. The name of a commercial registered office provider may not be used in Paragraph 2 or 4B in lieu of an address.
- F. An amendment or cancellation shall be signed by all parties to the registration immediately preceding the filing unless an agent is authorized in the original registration and the agent signs the application. If the amendment adds a new party, the party added by the amendment must sign the form. In the case of withdrawal, the form need only be signed by the withdrawing party.
- G. If the filing involves a deceased party, the form should be signed by an executor or other fiduciary. It is not necessary to submit a short certificate showing appointment as fiduciary, etc. See 15 Pa.C.S. § 135(b).
- H. There is no requirement that the parties involved in an amended, canceled or withdrawal application advertise their intention to file or the filing of such application.
- I. No certificate will be issued by the Department in response to this filing.
- J. This form and all accompanying documents shall be mailed to the address stated above.