



**LOBBYIST - PRINCIPAL - PUBLIC BODY**

**CHANGE OF NAME OR ADDRESS**

FILE ONLINE AT [LOBBYING.AZ.GOV](http://LOBBYING.AZ.GOV) OR E-MAIL TO: [LOBBYIST@AZSOS.GOV](mailto:LOBBYIST@AZSOS.GOV)

ENTITY TYPE

NAME OF ENTITY

ID NUMBER

TELEPHONE NUMBER

**ONLY** ENTER THE INFORMATION YOU WISH TO HAVE CHANGED IN THE SECTIONS BELOW

NEW NAME

NEW TELEPHONE NUMBER

NEW ADDRESS

NEW CITY

NEW STATE

NEW ZIP CODE

NEW E-MAIL ADDRESS

By signing, I declare under penalty of perjury that the information provided on this form is true, complete, and correct.

*/S/*

Name of Designated Lobbyist/Lobbyist for Compensation

Conformed Signature of Designated Lobbyist/Lobbyist for Compensation