

Please
Do Not
Staple

TSN
58-07

KANSAS SECRETARY OF STATE
Trademark or Service Mark Name Change
of Applicant/Owner
Instructions

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

The following form **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

Stay up-to-date on your trademark or service mark status, expiration date, and contact address at **www.sos.ks.gov**.

General Information

<input type="checkbox"/> Change of name of applicant/owner	Any applicant effecting a change of the name of the person to whom the mark was issued or for whom an application was filed may record a certificate of change of name of the applicant. This form is only for changing the name of the current applicant/owner. Use the assignment form TSS to change the applicant/owner from one person to a different person.
<input type="checkbox"/> Effect of change of name	When a change of name of the applicant/owner is properly filed, the secretary of state shall issue a new certificate of registration in the new applicant/owner's name for the remainder of the term of the mark's registration period or the last renewal of the registration.
<input type="checkbox"/> Filing fee	The filing fee for a name change of applicant/owner is \$15 .
<input type="checkbox"/> Payment	Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information: Credit card number _____ Billing zip code _____ Expiration date _____ NOTICE: There is a \$25 service fee for all returned checks.
<input type="checkbox"/> Submission	Submit your change of name of applicant/owner application and filing fee by mail to the Kansas secretary of state's office. After successful processing, we will return a certificate of registration of change of name to the new applicant/owner or, upon request, to the submitter.

Instructions for change of name of applicant/owner

(Note: Information can be found on the original application.)

<input type="checkbox"/> 1. Trademark or service mark ID number	This ID number and mark name can be found on your original application. You may visit www.sos.ks.gov and conduct a trademark/service mark search in our database to obtain this information.
<input type="checkbox"/> 2. Trademark or service mark name	
<input type="checkbox"/> 3. Name of current applicant/owner	Only the current applicant/owner of record may file a change of name.
<input type="checkbox"/> 4. Business address of current applicant/owner	If the current applicant/owner address has changed, list the new address.

<input type="checkbox"/> 5. New name of applicant/owner	The current applicant/owner named is the owner of the trademark or service mark registered with the secretary of state and does hereby change his/her name.
<input type="checkbox"/> 6. Business address of new applicant/owner	Provide the business address of the new applicant/owner.
<input type="checkbox"/> 7. Signature	The current applicant/owner named must sign the application. If the current owner is a business entity, it must be signed by an authorized person. Before signing, carefully review the application.

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THIS SPACE FOR OFFICE USE ONLY.

1. Trademark or service mark ID number

2. Trademark or service mark name

3. Name of current applicant/owner

4. Business address of current applicant/owner

Address will be used to send official mail from the Kansas Secretary of State's Office.

Do not leave blank.

Address			
City	State	Zip	Country

The current applicant/owner named above is the owner of the trademark or service mark registered with the Secretary of State and does hereby change his/her name to the following:

5. Name of new applicant/owner

6. Business address of new applicant/owner

Address will be used to send official mail from the Kansas Secretary of State's Office.

Do not leave blank.

Address			
City	State	Zip	Country

7. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Current Applicant / Owner

X

Name of Current Applicant / Owner (printed or typed)