

COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation Home Improvement Contractor Program

1000 Washington Street, Suite 710, Boston, MA 02118 617-973-8787 www.mass.gov/HomeImprovement

CHANGE OF CONTACT INFORMATION FORM

Please complete this form in ink and mail it to the above address, if you wish to edit information relating to your Corporation/LLC/Partnership/LLP, please refer to your most recent filings for your business entity with the Massachusetts Secretary of the Commonwealth Corporations Division and ensure that what is included here accurately reflects what is listed there.

Pleas	se fill out all that apply below.		
Responsible Person (Required):			
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Company Name (if any):			
of in	formation, please leave it blank.		f you do not wish to change a certain category
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В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.

Este documento contiene información importante. Por favor, consiga una traducción 請立即找人翻譯。 inmediatamente.

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Questo documento contiene informazioni importanti. La preghiamo di tradurlo inmediatamente.

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此文件含有重要信息。

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록

Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.

ເອກະສານສະບັບນີ້ ບັນຈຸຂໍ້ມູນອັນສຳຄັນ. ກະລຸນາເອົາເອກະສານສະບັບນີ້ໄປແປອອກ ຢ່າງບໍ່ລໍຊ້າ.

ឯកសារនេះមាននូវព័ត៌មានដ៏សំខាន់ ។ សូមបកប្រែវាជាបន្ទាន់ ។

Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.