

CPA FIRM NAME CHANGE REQUEST

- All firm name changes must comply with [MN Rules 1105.6300](#) and [1105.6400](#) and must be approved by the Board before implementation or renewal. **Do not submit a firm renewal under the new name until the Board approves the name.**
- Along with this form, please submit a copy of the **Articles of Incorporation** or **Certificate of Authority** from the Minnesota Secretary of State showing the name change.
- If your firm's legal form is changing, don't use this form; instead submit a new [Firm Initial Permit Application](#).
- You may mail (see address above) or email this form and the Secretary of State documents to boa@state.mn.us. Put "CPA Firm Name Change Request" and your firm permit number in the subject line.

Current Firm Information

Firm Name _____	Firm Permit # _____
Primary Firm Address _____	
City _____	State _____ Zip _____
Contact Name _____	Contact Phone _____

Legal form of firm prior to the name change:

<input type="checkbox"/> CPA Corporation	<input type="checkbox"/> CPA Limited Liability Partnership	
<input type="checkbox"/> CPA Partnership	<input type="checkbox"/> CPA Limited Liability Company	
	<input type="checkbox"/> Foreign Firm Practicing in Minnesota	

Proposed Changes

PROPOSED Firm Name _____

Is your firm's legal form changing? ☐ Yes—If yes, don't use this form; instead submit a new [Firm Initial Permit Application](#). ☐ No

List the name and complete address of every owner, partner, member, shareholder, director or officer of the firm who resides in or practices in Minnesota. Attach a separate list, if necessary.

Name	Address	City	State	Zip Code

Explain in detail the reason for the change. If your firm's PROPOSED name consists of initials or an acronym, please describe what each letter stands for, in accordance with MN Rule 1105.6400 (2023). Attach additional sheets if necessary.

If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

Signature of owner/managing partner/officer

Printed Name

Date