

**ARIZONA DEPARTMENT OF REAL ESTATE (ADRE)****Licensing Division**www.azre.gov

100 North 15th Avenue, Suite 201, Phoenix Arizona 85007

**KATIE HOBBS
GOVERNOR****SUSAN NICOLSON
COMMISSIONER****CHANGE OF PERSONAL INFORMATION FORM (LI-235)**

LICENSEE NAME (PRINT ABOVE)	License Number	Expiration Date

TYPE OF CHANGE BEING MADE – CHECK ALL THAT APPLY

<input type="checkbox"/> LEGAL NAME CHANGE	<input type="checkbox"/> PHYSICAL ADDRESS CHANGE	<input type="checkbox"/> MAILING ADDRESS CHANGE
<input type="checkbox"/> TELEPHONE NUMBER CHANGE	<input type="checkbox"/> EMAIL ADDRESS UPDATE	<input type="checkbox"/> NICKNAME (Advertising use only)

DO YOU HAVE A Professional Corporation (PC) or OR Professional Limited Liability Company (PLLC)? ☐ NO ☐ YES

IF YES, THE PC OR PLLC NAME MUST BE CHANGED WITH THE ARIZONA CORPORATION COMMISSION BEFORE SUBMITTING THIS FORM FOR A LEGAL NAME CHANGE.

Old Personal Information	New Personal Information
LEGAL NAME	LEGAL NAME
NICKNAME	NICKNAME
PHYSICAL ADDRESS	PHYSICAL ADDRESS
APT, STE, OR UNIT #	APT, STE, OR UNIT #
CITY, STATE, & ZIP CODE	CITY, STATE, & ZIP CODE
COUNTY	COUNTY
MAILING ADDRESS	MAILING ADDRESS
APT, STE, OR UNIT #	APT, STE, OR UNIT #
CITY, STATE, & ZIP CODE	CITY, STATE, & ZIP CODE
COUNTY	COUNTY
PHONE NUMBER	PHONE NUMBER
EMAIL ADDRESS	EMAIL ADDRESS
X	
LICENSEE SIGNATURE REQUIRED (NEW NAME, if applicable)	DATE