

## 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)  TYPE OF CHANGE BEING MADE - CHECK ALL THAT APPLY  LEGAL NAME CHANGE PHYSICAL ADDRESS CHANGE NAILING ADDRESS CHANGE 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  New Personal Information  LEGAL NAME  NICKNAME  NICKNAME  NICKNAME  APT, STE, OR UNIT #  CITY, STATE, & ZIP CODE  COUNTY  COUNTY  PHONE NUMBER  EMAIL ADDRESS  AND EMAIL ADDRESS  EMAIL ADDRESS  AND EMAIL ADDRESS  AND EMAIL ADDRESS  ADDRESS  EMAIL						
LEGAL NAME CHANGE   PHYSICAL ADDRESS CHANGE   MAILING ADDRESS CHANGE   TELEPHONE NUMBER CHANGE   EMAIL ADDRESS UPDATE   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   NICKNAME    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   APT, STE, OR UNIT#    CITY, STATE, & ZIP CODE   CITY, STATE, & ZIP CODE    COUNTY   COUNTY    MAILING ADDRESS   APT, STE, OR UNIT#    CITY, STATE, & ZIP CODE   CITY, STATE, & ZIP CODE    COUNTY   COUNTY    MAILING ADDRESS   APT, STE, OR UNIT#    CITY, STATE, & ZIP CODE   CITY, STATE, & ZIP CODE    COUNTY   COUNTY    MAILING ADDRESS   EMAIL ADDRESS    X	LICENSEE NAME (PRINT ABOVE)		License Number		Expiration Date	
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X	PHONE NUMBER		PHONE NUMBER			
	EMAIL ADDRESS		EMAIL ADDRESS			
LICENSEE SIGNATURE REQUIRED (NEW NAME if applicable)	X					
DATE	LICENSEE SIGNATURE REQUIRED (NEW NAME, if applicable)					