

CLEAR
FORM

PRINT
FORM

CPA FIRM NAME CHANGE REQUEST

- All firm name changes must comply with [Minnesota 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:

☐ CPA Corporation	☐ CPA Limited Liability Partnership
☐ CPA Partnership	☐ CPA Limited Liability Company
	☐ 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 contains non-standard initials (i.e. CPA, LLC) or an acronym, please describe what each letter stands for, in accordance with MN Rule 1105.6400 (2023). You do not need to include common acronyms such as CPA or LLC.). 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