Upon completion, email a copy of this form to: CJgrants@fdle.state.fl.us

	Origina	al Entity Name		
Name				
SAM UEI				
EIN/FEID				
FLAIR Vendor ID and SEQ				
Updated Entity Name				
Name	Update	ed Entity Name		
SAM UEI				
EIN/FEID				
FLAIR Vendor ID and SEQ				
PLAIR VEHOOF ID allu SEQ				
The following documents with the updated entity name must be submitted with this request:				
	EIN/FEID			
	SAM Registration			
	EEO Certification			
	FLAIR Vendor Re	egistration		
On behalf of the entity named the information provided is co authority to make this legal no	omplete and cori	rect to the best	of my knowledg	e. I have the requisite
Signature:			Date:	
Name:			Title:	
***********	**************************************	USE ONLY *******	*******	******
This request for a legal name cl	nange is:	Approved	Den	ied
Comments:				
SMAS Signature:			Date:	