

**State of Florida**  
**Department of Business and Professional Regulation**  
**Construction Industry Licensing Board**  
**Request for Name Change for Construction Business Entities**  
**Form # DBPR CILB 23**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

<b>APPLICATION REQUIREMENTS</b>
<p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"><li>• \$50 for <b>EACH</b> primary qualifying agent</li><li>• \$50 for <b>EACH</b> secondary qualifying agent</li><li>• <b>Note: No fee for Financially Responsible Officer.</b></li><li>• Make check payable to the Florida Department of Business and Professional Regulation.</li></ul> <p><b>Note: Changes will be applied to the business entity's information record, as well as to ALL the licensed primary and secondary qualifying agents of the business entity. An officer of the business entity and ALL primary and secondary qualifying agents must sign this form.</b></p> <p><b>Note: If a Financially Responsible Officer has been appointed, the Financially Responsible Officer must also sign this form and submit a new bond reflecting the new business name.</b></p>

**Please mail your completed application, documentation and required fee(s) to:**

Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, FL 32399-0783

**State of Florida  
 Department of Business and Professional Regulation  
 Construction Industry Licensing Board  
 Request for Name Change for Construction Business Entities  
 Form # DBPR CILB 23**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.  
**For additional information see the Instructions at the end of this application.**

**Section I – Transaction Type**

TRANSACTION TYPE (Select only one.) [06xx/8010]	
<input type="checkbox"/> Business Entity Name Change	<input type="checkbox"/> Conversion from Corporation/INC. to LLC
<input type="checkbox"/> Add/Remove a Fictitious Name	<input type="checkbox"/> Conversion from LLC to Corporation/INC.
<input type="checkbox"/> <b>Select this box if you want your current license to remain unchanged and wish to have a NEW license number generated. Please provide specific instructions in Section IV.</b>	
 <b>Note:</b> Changes will be applied to the business entity’s information record, as well as to ALL the licensed primary and secondary qualifying agents of the business entity. An officer of the business entity and ALL primary and secondary qualifying agents must sign this form.	
 <b>Note:</b> If a Financially Responsible Officer has been appointed, the Financially Responsible Officer must also sign this form and submit a new bond reflecting the new business name.	
 <b>*NOTE:</b> The Document Number of the Corporate Name Registration with Division of Corporations for the current and new business must be the same for corporate name changes and adding fictitious names or DBAs. For conversions from corporations to LLCs and conversions from LLCs to corporations, the Certificate of Conversion must reflect the change. <u>All other corporate changes require an application for change of status.</u>	

**Section II – Current Business Information**

CURRENT BUSINESS INFORMATION
Business Name:
Doing Business As (d/b/a):
*Document Number of Corporate Name Registration with Division of Corporations:
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____

**Section III – New Business Information**

NEW BUSINESS INFORMATION
Business Name:
Doing Business As (d/b/a):
*Document Number of Corporate Name Registration with Division of Corporations:
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify): _____

**Section III – New Business Information- continued**

MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code
County (if Florida address)	Country	
BUSINESS CONTACT INFORMATION		
Contact Name:		
Phone Number of Contact	E-Mail Address of Contact	

**Section IV – Explanation**

EXPLANATION

**Section V – Affirmation by Written Declaration– Attach additional sheets as necessary.**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
<b>Note: This form must be signed by an officer of the business entity and ALL primary and secondary qualifying agents. If a Financially Responsible Officer has been appointed, the Financially Responsible Officer must also sign this form.</b>	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b>	
Signature of Business Officer:	
Printed Name of Business Officer, Title:	
<b>Primary Qualifying Agent</b>	
Signature of Primary Qualifying Agent:	
Printed Name of Primary Qualifying Agent:	
Primary Qualifying Agent Contractor License Number:	
<b>Primary Qualifying Agent</b>	
Signature of Primary Qualifying Agent:	
Printed Name of Primary Qualifying Agent:	
Primary Qualifying Agent Contractor License Number:	
<b>Secondary Qualifying Agent</b>	
Signature of Secondary Qualifying Agent:	
Printed Name of Secondary Qualifying Agent:	
Secondary Qualifying Agent Contractor License:	
<b>Secondary Qualifying Agent</b>	
Signature of Secondary Qualifying Agent:	
Printed Name of Secondary Qualifying Agent:	
Secondary Qualifying Agent Contractor License:	
<b>Financially Responsible Officer</b>	
Signature of Financially Responsible Officer:	
Printed Name of Financially Responsible Officer:	

## INSTRUCTIONS

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

### 1. General Requirements

- a. This form is required if you are updating a business entity name change with the Department of Business and Professional Regulation Construction Industry Licensing Board.
- b. **Note: DO NOT use this form for updating business address changes, or contractor name or address changes. Please use form CILB 22.**

### 2. Application Instructions (by section)

#### a. Section I- Transaction Type

- I. Select the transaction you wish to conduct. Select only one transaction.

#### b. Section II- Current Business Information

- I. Complete this section entirely.
- II. Provide the current name of the business as it is registered with the Florida Division of Corporations.
- III. The "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the business uses a fictitious name to conduct business.
- IV. Provide the Document Number of Corporate Name Registration with the Division of Corporations.
- V. Select the box that indicates the type of business ownership for the business to be qualified.

#### c. Section III- New Business Information

- I. Complete this section entirely.
- II. Provide the new name of the business as it is registered with the Florida Division of Corporations.
- III. The "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the business uses a fictitious name to conduct business.
- IV. Provide the Document Number of Corporate Name Registration with the Division of Corporations.
- V. Select the box that indicates the type of business ownership for the business to be qualified.
- VI. Applicants must provide the business mailing address of the business to be qualified.
- VII. Business contact information is often used to quickly resolve questions with applications by telephone call or email. Please provide the name of an authorized representative of the business other than the primary qualifier. This could be an officer, a partner, etc.
  - (1) If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

#### d. Section IV – Explanation

- I. Complete this section if you have special instructions on the processing of your request.

#### e. Section V- Affirmation by Written Declaration

- I. This form must be signed by an officer of the business entity and ALL primary and secondary qualifying agents. If a Financially Responsible Officer has been appointed, the Financially Responsible Officer must also sign this form.
- II. There will be a \$50 fee for **EACH** updated license printed for primary and secondary qualifying agents.