

Dear Member:

In order to change the name on a Business Account, please complete the below Business Name Change Affidavit, have it notarized, complete the enclosed W-9 form, and return all paperwork to our Equity Group at your earliest convenience.

**The following additional documentation is required:**

- **If Business has been sold:**
  - A copy of the bill of sale is required. It is necessary to include information concerning the sale of the assets of the business.
  - The Business Name Change affidavit will need to be completed by an officer of the original business.
- **If Business has had a legal name change or has merged:**
  - A copy of the Request for Fictitious Name or a copy of the Amendment to the Articles of Incorporation will need to be provided.
- **Inactive Status (Business Closed):**
  - A copy of one of the following is required:
    - Amendment to the Articles of Incorporation stating what is to be done upon dissolution of the company
    - Articles of Dissolution
    - Final tax return

Please mail all paperwork to: Attn: Equity Group, LCEC, P.O. Box 4608, North Fort Myers, FL 33918-4608. You can also fax it to 239-995-4287. You may also safely transmit your completed forms to LCEC through our Secure Document Submission page on LCEC.Net to ensure faster delivery.

If you have any questions, please contact our Customer Care Center at 239-656-2300 or 800-599-2356.

Thank you for your cooperation.

Sincerely,

LEE COUNTY ELECTRIC COOPERATIVE, INC.



**BUSINESS NAME CHANGE AFFIDAVIT**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_  
Who being duly sworn states that I/we have the following customer account with LCEC, Inc.  
\_\_\_\_\_ with Customer Number \_\_\_\_\_.

I/We request that the name on this account be changed to: \_\_\_\_\_  
\_\_\_\_\_.

**I/We am/are requesting the name change because:**

- The business has been sold.
- The business name has legally changed.
- The business merged with another.
- The business is dissolved.

\_\_\_\_\_ I/We understand that any membership/deposit and all past equity ownership ***will be*** transferred to same, effective immediately.

\_\_\_\_\_ I/We understand that all past equity ownership will not be transferred per clause in Contract/Bill of Sale (**COPY ATTACHED**).

**By completing this affidavit, I am verifying that all statements made herein are true and correct per the Officer's owner knowledge and belief. I agree that the receipt of equity balances shall completely discharge LCEC, Inc., from any further liability and agree to indemnify and hold harmless LCEC, Inc.**

\_\_\_\_\_  
Federal Tax Identification Number or  
Social Security Number if changing to an individual name

\_\_\_\_\_  
Officer Signature/Title

\_\_\_\_\_  
Officer Signature/Title

\_\_\_\_\_  
Mailing Address and Phone Number

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
He/She/They are personally known to me or have produced \_\_\_\_\_  
as identification.

\_\_\_\_\_  
Notary Signature and Commission #

Printed Name of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY SEAL/STAMP

Equity Dept. Use	ACCT. ID # _____
	CUSTOMER # _____
	EO BALANCE \$ _____
	G&T BALANCE \$ _____
	<b>DUE \$</b> _____
	EQUITY REP _____