



## CHANGE OF ADDRESS REQUEST FORM

Please return the completed form to the address listed below or email it to the email address below.

King Operating Corporation  
Attn: Division Order Department  
15301 Dallas Parkway, Suite 900  
Addison, TX 75001  
divisionorders@kingoperating.com

**Owner Number:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Tax ID or SSN:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Previous Address

### Current Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Owner/Agent:** \_\_\_\_\_

**Print Owner Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE NOTE: IF AN INDIVIDUAL:** Address change requests must be executed by the person or agent for whom the address is being updated.

**IF A CORPORATION, LLC, TRUST, ESTATE OR ANY ENTITY OTHER THAN AN INDIVIDUAL:** The person signing the address change request form must have the requisite authority to make the request and documentation verifying said authority may be required in order for King's records to be updated.