



Mississippi Real Estate Commission

LeFleur's Bluff Tower, Suite 300
4780 I-55 North, Jackson, MS 39211

OR

Post Office Box 12685
Jackson, MS 39236-2685
(601) 321-6970 – Telephone * (601) 321-6955 – Fax

www.mrec.ms.gov

BUSINESS CHANGE OF ADDRESS FORM

(Application will NOT be accepted unless typed or printed.)

THE RESPONSIBLE (PRINCIPAL) BROKER IS TO COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE MREC WITHIN **TEN (10) DAYS** OF RELOCATING THE OFFICE.

The **ORIGINAL** of **ALL** wall licenses (company, broker, and salesperson) **MUST** be returned to the MREC along with this form.

RESPONSIBLE BROKER: _____
(Name) *(License #)*

COMPANY NAME: _____
(Name) *(License #)*

NEW ADDRESS: _____
(Street Address)

(P. O. Box)

(City) *(State)* *(Zip Code)*

(County)

OFFICE PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

RESPONSIBLE BROKER SIGNATURE: _____
(Signature) *(Date)*