

**MARYLAND DEPARTMENT OF HEALTH
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
CHANGE OF NAME MODIFICATION FORM
FOR ALL SERVICES CONTRACTS**

Today's Date: _____

Whereas on _____, 20_____ an Agreement entitled

was entered into between _____,

hereinafter called the Vendor, and the _____,

a unit of the Maryland Department of Health, hereinafter called the Department; and

Whereas, the Agreement commenced on _____, 20_____, and is in effect until

_____, 20_____; with an original agreement amount of _____; and

Whereas, the Vendor requests to change the name in which it holds said Agreement between itself and the Department, and

Whereas the Vendor has provided adequate documentation that there has been a change of name; now therefore, the Vendor and the Department wish to modify this contract and agree that:

1. The Vendor's name is changed to
2. Except as modified in #1 above, all provisions of the original Agreement shall remain in full force and effect with no other terms and conditions of the contract changed.

In acknowledgement of the aforementioned, these authorized representatives of the Vendor and the Department do hereby indicate their consent.

For the Vendor

For the Department

Signature

Signature, Secretary or Designee

Name (Typed)

Name (Typed)

Title

Title

Date

Date

Approved as to form and legal sufficiency this date: _____
Assistant Attorney General Date