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

| | Today's Date: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Whereas on, 20an 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: | |
| The Vendor's name is changed to 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