

Natalie E. Tennant
Secretary of State
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Bldg 1, Suite 157-K
Charleston, WV 25305



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FILE ONE ORIGINAL
(Two if you want a filed
stamped copy returned to you)
FEE: \$25.00

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Office Hours: Monday – Friday
8:30 a.m. – 5:00 p.m. ET

****** In accordance with the provisions of the West Virginia Code, the undersigned corporation hereby ****
applies for an Amended Certificate of Authority and submits the following statement:**

1. Name under which the corporation was authorized to transact business in WV: _____
2. Date Certificate of Authority was issued in West Virginia: _____
3. Corporate name has been changed to:
(**Attach one Certified Copy of Name Change as filed in home State of incorporation.**) _____
4. Name the corporation elects to use in WV:
(due to home State name not being available) _____
5. Other amendments:
(attach additional pages if necessary) _____

6. **Name and phone number of contact person.** (This is optional, however, if there is a problem with the filing, listing a contact person and phone number may avoid having to return or reject the document.)

Contact Name

Phone Number

7. **Signature information** (See below ***Important Legal Notice Regarding Signature***):

Print Name of Signer: _____ Title/Capacity: _____

Signature: _____ Date: _____

***Important Legal Notice Regarding Signature:** Per West Virginia Code [§31D-1-129](#). Penalty for signing false document. Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

Important Note: This form is a public document. Please **do NOT provide any personal identifiable information on this form** such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.