



**FILE ONE ORIGINAL**  
(Two if you want a filed stamped  
copy returned to you)  
**FEE: \$15.00**

**APPLICATION TO APPOINT OR  
CHANGE PROCESS, OFFICERS,  
AND/OR ADDRESSES**

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

1. The company filing this change  
is registered as a (check one):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Voluntary Association
<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>	Business Trust
<input type="checkbox"/>	Insurance Company/Agency		

2. The **change is filed for**:  
(Note: Enter information as previously  
filed. No change can be accepted  
without this information.)

Company Name \_\_\_\_\_  
 \_\_\_\_\_  
 Principal  
 Office \_\_\_\_\_  
 Address as \_\_\_\_\_  
 Registered. \_\_\_\_\_  
 Home State: \_\_\_\_\_ WV Formation Date: \_\_\_\_\_

3. **Change of Address**:  
(Note: Use appropriate lines for the  
type of address to be changed):

	<u>Address Type</u>	<u>New Address</u>
a. Principal Office	_____	_____
	_____	_____
	_____	_____
b. Principal Mailing	_____	_____
	_____	_____
	_____	_____
c. Designated Office	_____	_____
	_____	_____
	_____	_____

4. **Change of Agent for Service of Process** (per [§31D-5-502](#) of the West Virginia Code):

a. Current Agent Name a. \_\_\_\_\_

b. New Agent Name and Address b. \_\_\_\_\_

The agent named here has given consent  
to appointment as agent to accept service  
of process on behalf of this company. \_\_\_\_\_

New Agent Signature: **X** \_\_\_\_\_

5. Complete the **Change of Officers or Other Persons in Authority**:

<u>Officer Type</u> (check <u>one</u> for each new officer)	<u>New Officer Name</u>	<u>New Officer Address</u>
a. <input type="checkbox"/> President (Corp., Vol. Assn.)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> General Partner (LP, LLP)	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	_____	_____
<input type="checkbox"/> Other _____	<b>Remove</b> (previous officer name, if any)	
b. <input type="checkbox"/> Vice President (Corp., Vol. Assn.)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> General Partners (LP, LLP)	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	_____	_____
<input type="checkbox"/> Other _____	<b>Remove</b> (previous officer name, if any)	
c. <input type="checkbox"/> Secretary (Corp., Vol. Assn.)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> Limited Partner (LP)	_____	_____
<input type="checkbox"/> General Partner (LLP)	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	_____	_____
<input type="checkbox"/> Other _____	<b>Remove</b> (previous officer name, if any)	
d. <input type="checkbox"/> Treasurer (Corp., Vol. Assn.)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> Limited Partner (LP)	_____	_____
<input type="checkbox"/> General Partner (LLP)	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	_____	_____
<input type="checkbox"/> Other _____	<b>Remove</b> (previous officer name, if any)	
e. <input type="checkbox"/> Director (Corp., Vol. Assn.)	_____	_____
<input type="checkbox"/> Member/Manager (LLC)	_____	_____
<input type="checkbox"/> Limited Partner (LP)	_____	_____
<input type="checkbox"/> General Partner	_____	_____
<input type="checkbox"/> Trustee (Bus. Trust)	_____	_____
<input type="checkbox"/> Other _____	<b>Remove</b> (previous officer name, if any)	

6. Update/change **E-mail Address** (ex: name@domain.com): \_\_\_\_\_

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

\_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number

8. **Signature Information** (See below ***\*Important Legal Notice Regarding Signature:***):

Print Name of Signer: \_\_\_\_\_ Title/Capacity: \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

***\*Important Legal Notice Regarding Signature:***

**Corporations/Voluntary Associations/Business Trusts/Unincorporated Nonprofit Associations/Limited Partnerships** - 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. **Limited Liability Companies/Limited Liability Partnerships** - Per West Virginia Code [§31B-2-209](#). **Liability for false statement in filed record.** If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

**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.