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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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Corporation
Limited Liability Company
Limited Liability Partnership
Insurance Company/Agency

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Limited Partnership
Voluntary Association
Business Trust

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):

Address Type

New Address

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 _____	Remove (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 _____	Remove (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 _____	Remove (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 _____	Remove (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 _____	Remove (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.