

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

Form AAO  
Rev. 11/2017



**West Virginia Secretary of State**  
Business & Licensing Division  
Tel: (304)558-8000  
Fax: (304)558-8381  
Website: [www.wvsos.gov](http://www.wvsos.gov)

**FILE ONE ORIGINAL**

(Two if you want a filed stamped  
copy returned to you)

**FEE: \$15.00**

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

Corporation  
Limited Liability Company  
Limited Liability Partnership  
Insurance Company/Agency

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 _____	_____  _____  <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.



Rev. 9/2018

## Filing Submission Instructions - Business Division

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.**

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site [www.wvsos.gov](http://www.wvsos.gov).

SUBMIT THE COMPLETED APPLICATION WITH THE **CUSTOMER ORDER REQUEST** FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

**CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:**

**1** EXPEDITED SERVICE (24-hour, 2-hour and 1-hour; \*Requires standard filing fee plus additional expedite fee, *see below*)

<u>Expedite Service</u>	<b>*Fee</b>	<b>EXPEDITED SERVICE requests may be submitted by:</b>
24-Hour	\$ 25.00	- E-mail to <a href="mailto:efilings@wvsos.gov">efilings@wvsos.gov</a>
2-Hour	\$250.00	- Fax
1-Hour	\$500.00	- Walk in delivery

**2** STANDARD PROCESSING (5-10 business days)

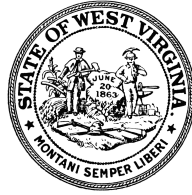
Standard filing fees apply.	<b>STANDARD PROCESSING requests may be submitted by:</b>
	- E-mail to <a href="mailto:CorpFilings@wvsos.gov">CorpFilings@wvsos.gov</a>
	- Fax
	- Walk in delivery (drop off service only filed within 5-10 business days)

**INCLUDE PAYMENT:**

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the **e-Payment Authorization** form with your filing. **Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.**

**SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:**

<b>BUSINESS SERVICE CENTERS</b> <i>Standard and Expedited Filings</i>		
<u><b>Charleston Office</b></u> <b>One-Stop Business Center</b> 1615 Washington Street East Charleston, WV 25311 Phone: (304) 558-8000 Fax: (304) 558-8381 Hours: Mon. - Fri. 8:30a - 5:00p EST	<u><b>Clarksburg Office</b></u> <b>North Central WV Business Center</b> 200 West Main Street Clarksburg, WV 26301 Phone: (304) 367-2775 Fax: (304) 627-2243 Hours: Mon. -Fri. 9:00a - 5:00p EST	<u><b>Martinsburg Office</b></u> <b>Eastern Panhandle Business Center</b> 229 E. Martin Street Martinsburg, WV 25401 Phone: (304) 356-2654 Fax: (304) 260-4360 Hours: Mon. - Fri. 9:00a - 5:00p EST



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# Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

**STOP** **READ CAREFULLY BEFORE SUBMITTING** - Expedite service is **NOT AVAILABLE** for the following filings:  
 >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations  
 >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

**Order Processing Requested\*:**      \* \* \* Expedite Processing Requires Additional Fees \* \* \*

<input type="checkbox"/> <b>Standard Processing**</b> (Avg. processing turnaround 5-10 business days)  Email to: <a href="mailto:CorpFilings@wvsos.gov">CorpFilings@wvsos.gov</a>	<input type="checkbox"/> <b>24-HOUR Expedite***</b> (additional \$25.00 fee included)	<input type="checkbox"/> <b>2-HOUR Expedite</b> (additional \$250.00 fee included)	<input type="checkbox"/> <b>1-HOUR Expedite</b> (additional \$500.00 fee included)
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Email to: [eFilings@wvsos.gov](mailto:eFilings@wvsos.gov)

\*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.  
 \*\*Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information.  
 \*\*\*NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of \$25.00 per order.

Name of Entity: \_\_\_\_\_

Return filing to:  
 (Return Address) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return Delivery Options:** Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: \_\_\_\_\_  Fax to: \_\_\_\_\_

Hold for Pick Up       Mail to Return Address above       FedEx: Acct # \_\_\_\_\_

Other (explain below): \_\_\_\_\_  UPS: Acct # \_\_\_\_\_

**Order Description** (include items being ordered and fee breakdown):

\* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

Total Amount:

**Payment Method:**

<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Credit Card <span style="border: 1px solid red; padding: 2px;"><i>(Must attach e-Payment Authorization request form including payment information.)</i></span>
<input type="checkbox"/> Cash ( <i>Do Not mail cash</i> )	<input type="checkbox"/> Pre-paid Acct #: _____ Attach signed pre-paid slip.



MAC WARNER  
Secretary of State  
State Capitol Building  
Charleston, WV 25305  
Phone: (304) 558-6000  
Website: [www.sos.wv.gov](http://www.sos.wv.gov)

## 24-hour, 2-hour and 1-hour Expedite Service Guidelines

**IMPORTANT:** To ensure expedited service, please mark “EXPEDITE” in a conspicuous place at the top of the service request. Please indicate method of delivery.

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your “**24-HOUR EXPEDITE**” request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

**Time Constraints:** Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**

