WEST VIRGINIA AMENDMENT TO LITIGATION FINANCIER REGISTRATION

Form LF-2 Rev. 6/5/2019

West Virginia Secretary of State **Business & Licensing Division**

Tel: (304)558-8000 Fax: (304)558-8381 Website: www.wvsos.gov

FILE ONE ORIGINAL

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

FEE: \$25.00

**** The undersigned adopts the following Amendment to its Registration as a litigation financier with the **** Secretary of State in accordance with §46A-6N-2(c) of the West Virginia Code, which states: "A litigation financier shall amend its registration with the Secretary of State within 30 days whenever the information contained in such record changes or becomes inaccurate or incomplete in any respect."

INSTRUCTIONS: Complete only the section(s) for which you have changes to make to the litigation financier registration. Note: If you need to report any agent, address and/or officer changes on your organization's original articles of formation or certificate of authority registration through Secretary of State, you must also file Form AAO and pay the required fee. If you have other amendments to make to the organization's record, you will need to file the appropriate amendment filing and pay the associated filing fee according to your company type (corporation, LLC, etc.)

First Name	Middle Name or In	Middle Name or Initial Last Name		
b. Applicant's <u>new</u> full legal n	ame:			
First Name	Middle Name or In	itial Last N	Last Name	
2a. <u>Previous</u> business name of a	applicant, if any:			
b. New business name of appli	cant, if any:			
3a. Applicant's new physical	Address line 1:			
street address (address cannot be a P.O. Box):				
			Zip Code:	
	County:			
b. Applicant's new mailing address (address may be a P.O. Box):	Address line 1:			
	Address line 2:			
	City:	State:	Zip Code:	
4. Applicant's <u>new</u> telephone n				
5. Applicant's <u>new</u> E-mail Add				
II. <u>CHANGE OF WEST VIRG</u>	INIA REGISTERED AGENT	INFORMATION (If ap	oplicable)	
List the following information to the applicant.	for the West Virginia registered	agent appointed to accept	t service of process on behalf of	
1a. Previous registered agent's				
(may be a person or companyb. New registered agent's nam(may be a person or company	ne			

Continued on next page.

address (address cannot be a P.O. Box):	Address line 1:			
	City:	State:	Zip Code:	
b. Agent's new mailing address (address may be a P.O. Box):	Address line 1:			
	Address line 2:			
	City:	State:	Zip Code:	
3. Agent's <u>new</u> telephone number				
4. New agent's signature (require the space provided below, has a litigation financier.				
New Agent Signature:			_	
III. CHANGE IN BOND REQUI				
letter of credit is attached to		ter of credit, indicating the n	<u>ew</u> surety bond or irrevocable	
IV. <u>APPLICANT STATEMENT</u>	AND SIGNATURE (requi	ired)		
By signing below, the applicant at	ffirms that the answers to all	questions in this application	are true, complete, and correct,	
and that the applicant has the auth	ority to file the requested ch	anges pursuant to §46A-6N-2	c(c) of the West Virginia Code.	
Applicant Signature: Dat		ate:		
*Important Legal Notice Regar	edina Signatura: Per West Vi	rginia Coda 831D-1-120 Pane	alty for signing false document	
Any person who signs a documen to the secretary of state for filing thousand dollars or confined in th	t he or she knows is false in any is guilty of a misdemeanor and,	material respect and knows the upon conviction thereof, shall l	at the document is to be delivered	
Important Note: This form is a p such as social security number, ba	oublic document. Please do NO	Γ provide any personal identi		
	ORE YOU SEND THIS AI HAVE INCLUDED THE F	,	HE BOXES BELOW	
1. The completed, original W	est Virginia Amendment to		istration (Form LF-2), this	
application.			l ' l.l. l.44 6 l'4	
	financial institution authoriz		l or irrevocable letter of credit ss in the state of West Virginia in	
3. \$25 Filing Fee.				
Expedite Service - Addition Request form for additional		xpedite service. Refer to the	attached <u>Customer Order</u>	
	ey Order: Make payable to			
	-	•	d will be immediately returned	
_	Deliver all the above to one of the processing centers listed in the attached Filing Submission Instructions .			

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Rev. 01/2023

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.

SUBMIT THE COMPLETED APPLICATION WITH THE <u>CUSTOMER ORDER REQUEST</u> 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)

Expedite Service *Fee EXPEDITED SERVICE requests may be submitted by:

24-Hour \$ 25.00 - E-mail to efilings@wvsos.com

2-Hour \$250.00 - Fax

1-Hour \$500.00 - Walk in delivery

2 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:

- E-mail to CorpFilings@wvsos.com

- 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 <u>e-Payment Authorization</u> 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:

BUSINESS SERVICE CENTERS Standard and Expedited Filings **Charleston Office Clarksburg Office Martinsburg Office Eastern Panhandle Business Center One-Stop Business Center North Central WV Business Center** 13 Kanawha Blvd. West 153 West Main Street 229 E. Martin Street Suite 201 Suite G- Third Floor Martinsburg, WV 25401 Phone: (304) 356-2654 Charleston, WV 25302 Clarksburg, WV 26301 Phone: (304) 558-8000 Phone: (304) 367-2775 Fax: (304) 260-4360 Hours: Mon. - Fri. 9:00a - 5:00p EST Fax: (304) 558-8381 Fax: (304) 627-2243 Hours: Mon. -Fri. 9:00a - 5:00p EST Hours: Mon. - Fri. 8:30a - 5:00p EST

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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

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 * * *			
Standard Processing**	24-HOUR Expedite 2-HOUR Expedite 1-HOUR Expedite			
(Avg. processing turnaround 5-10 business days)	(additional \$25.00 fee included) (additional \$250.00 fee included) (additional \$500.00 fee included)			
Email to: CorpFilings@wvsos.com	Email to: eFilings@wvsos.com			
Eman to. Corpriningsta wysos.com	ALL Requests for Copies of documents email to: Copies@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: Ema	il or Fax options do not receive a copy via mail; must be ordered separately.			
Email to:	Fax to:			
Hold for Pick Up	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 Total Amount:				
additional \$15 per certified copy being requested. Payment Method:				
Check/Money Order	Credit Card (Must attach e-Payment Authorization request form including payment information.)			
Cash (Do Not mail cash)	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

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 <u>in acceptable fileable form</u>.

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.

West Virginia Secretary of State

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Rev. 11/2017

USE BLACK INK ONLY - DO NOT HIGHLIGHT e-Payment Authorization This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party. Fax E-mail **Service Type:** Mail Payment by Card (card holder name and billing address required below) Card Type: Visa Mastercard Discover American Express Credit Card Number: V Code* * 3-digit number on back of VISA, MasterCard and Discover cards. 4-digit number on front right side of American Express card. **NOTICE:** For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month: Year: **Amount to Charge Card: USD \$ Order Information** (required) **Entity Name: Card Holder Information:** Name as it appears on the account Billing Address Zip Code City State Ext. Telephone Payment Information Storage Authorization (optional) I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State: Date **Authorized Signature Payment Authorization** (required) I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s): Date Authorized Signature

Not to Exceed Amount: USD \$