# COMMISSIONER FOR WEST VIRGINIA NAME AND/OR ADDRESS CHANGE

Form CWV-3 Rev. 11/02/2022

NO FEE

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

### West Virginia Secretary of State

Notary ID#: \_

Licensing Division Tel: (304)558-8000 Fax: (304)558-8381

Website: <a href="www.wvsos.gov">www.wvsos.gov</a>
Email: <a href="mailto:notary@wvsos.gov">notary@wvsos.gov</a>

	**** The undersigned agrees to conform with the Notary Laws as set forth in West Virginia Code §39-4-22 ***
as it pertains to commissioner name and/or address changes in West Virginia	as it pertains to commissioner name and/or address changes in West Virginia
NOT LATER THAN thirty (30) days AFTER the change(s) are made.	NOT LATER THAN thirty (30) days AFTER the change(s) are made.

<u>IMPORTANT</u> - READ AND FOLLOW THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION TO AVOID IT BEING REJECTED AND RETURNED TO YOU FOR CORRECTION.

1. N	Name of co	ommissioner filing t	he change(s): _	
		nge (if applicable):		
	a.	Previous Name		
	b.	New Name		
5. A	Address C	hange (if applicable	):	
	a.	Previous Address	Company Name (if applicable):	e
			Street:	
				County:
			State:	_ Zip:
	b.	New Address	Company Name (if applicable):	e
				County:
			State:	Zip:
		ame and Signature s not required.):	Information (N	Note: We will accept an electronic signature. An original
	a.	Contact Name (prin	nt):	
	b.	Contact Phone (w/	area code):	
	c.	E-mail Address:		
	d.			Date:

**Important Note:** This form is a public document. Please do <u>NOT</u> 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.

# INSTRUCTIONS FOR FILING COMMISSIONER FOR WEST VIRGINIA NAME AND/OR ADDRESS CHANGE

Complete all the sections of the application in accordance with West Virginia Code §39-4-22 and return to the address below for filing with the West Virginia Secretary of State. The change(s) must be recorded with the Secretary of State NOT LATER THAN thirty days (30) days AFTER the change(s) are made.

**Section 1.** Name of commissioner filing the change(s): Enter the full name of the commissioner filing the requested change(s).

#### Section 2. Name change:

- a. <u>Previous Name</u> Enter the <u>previous (old) name</u> of the commissioner as it was previously registered with West Virginia Secretary of State.
- b. New Name Enter the <u>new name</u> of the commissioner as it has been legally registered with the state.

### Section 3. Address change:

- a. <u>Previous</u> address Enter the previous address information (Street, City, State and Zip Code) as it was previously registered with West Virginia Secretary of State.
- b. New address Enter the new address information (Street, City, State and Zip Code) to be updated with the West Virginia Secretary of State.

#### **Section 4. Contact Name and Signature Information:**

- a. Contact Name  $\frac{PRINT}{PRINT}$  the contact name of the commissioner filing the requested change(s).
- b. **Contact Phone** Enter the phone number including the area code of the commissioner filing the requested change(s).
- c. Signature/Date The commissioner requesting the change(s) must SIGN and DATE the application. We will accept an electronic signature. Original signature is not required. If the application is NOT signed/dated, the application will be rejected and returned to the commissioner for correction.

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

#### **Charleston Office Clarksburg Office Martinsburg Office** West Virginia Secretary of State **North Central WV Business Center Eastern Panhandle Business Center** State Capitol Building 153 West Main Street 229 E. Martin Street 1900 Kanawha Blvd. East Suite G- Third Floor Martinsburg, WV 25401 Bldg. 1, Ste. 157-K Clarksburg, WV 26301 Phone: (304) 356-2654 Charleston, WV 25305 Phone: (304) 367-2775 Fax: (304) 260-4360 Phone: (304) 558-8000 Fax: (304) 627-2243 Hours: Mon. - Fri. 9:00a - 5:00p EST Fax: (304) 558-8381 Hours: Mon. -Fri. 9:00a - 5:00p EST

Hours: Mon. - Fri. 8:30a - 5:00p EST

## \*\*\*\*\*\*\*\* IMPORTANT \*\*\*\*\*\*\*\*\*

#### BEFORE ORDERING YOUR NEW RUBBER STAMP YOU MUST...

- 1. SUBMIT THIS APPLICATION TO SECRETARY OF STATE TO PROCESS THE NEW NAME AND/OR ADDRESS CHANGE INFORMATION.
- 2. WAIT TO RECEIVE WRITTEN CONFIRMATION OF THE CHANGE(S) PROCESSED BY OUR OFFICE REQUIRING YOU TO VERIFY THE CHANGE(S) FOR YOU NEW COMMISSIONER SEAL RUBBER STAMP.
- 3. IF THE NEW COMMISSIONER SEAL INFORMATION IS CORRECT, AS EVIDENCED IN YOUR CONFIRMATION LETTER, YOU MAY ORDER YOUR NEW RUBBER SEAL STAMP.
- 4. IF THE INFORMATION IS INCORRECT, YOU MUST CONTACT OUR OFFICE TO MAKE THE NECESSARY CORRECTIONS. WE WILL PROCESS THE NECESSARY CORRECTIONS AND ISSUE ANOTHER CONFIRMATION LETTER TO YOU FOR YOUR VERIFICATION. YOU MAY ONLY PROCEED WITH ORDERING YOUR NEW COMMISSIONER SEAL RUBBER STAMP ONCE YOU HAVE VERIFIED ALL THE INFORMATION ON YOUR NEW STAMP SEAL IS CORRECT.