

**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](http://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.)

**I. CHANGE OF APPLICANT INFORMATION (If applicable)**

**1a. Applicant's previous full legal name** (the name currently on file with Secretary of State):

First Name

Middle Name or Initial

Last Name

**b. Applicant's new full legal name:**

First Name

Middle Name or Initial

Last Name

**2a. Previous business name of applicant, if any:** \_\_\_\_\_

**b. New business name of applicant, if any:** \_\_\_\_\_

**3a. Applicant's new physical  
street address** (address  
cannot be a P.O. Box):

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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 new telephone number with area code:** \_\_\_\_\_

**5. Applicant's new E-mail Address:** \_\_\_\_\_

**II. CHANGE OF WEST VIRGINIA REGISTERED AGENT INFORMATION (If applicable)**

List the following information for the West Virginia registered agent appointed to accept service of process on behalf of  
the applicant.

**1a. Previous registered agent's name**

(may be a person or company): \_\_\_\_\_

**b. New registered agent's name**

(may be a person or company): \_\_\_\_\_

*Continued on next page.*

2a. Agent's new physical street address (address cannot be a P.O. Box):

Address line 1: \_\_\_\_\_  
 Address line 2: \_\_\_\_\_  
 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 new telephone number with area code: \_\_\_\_\_

4. New agent's signature (**required** if appointing a new agent): The new agent named here, whose signature appears in the space provided below, has given consent to appointment as agent to accept service of process on behalf of the litigation financier.

New Agent Signature: \_\_\_\_\_

### III. CHANGE IN BOND REQUIREMENT INFORMATION (If applicable)

☐ **Check Box**, if changing the surety bond or irrevocable letter of credit, indicating the new surety bond or irrevocable letter of credit is attached to this application.

### IV. APPLICANT STATEMENT AND SIGNATURE (**required**)

By signing below, the applicant affirms that the answers to all questions in this application are true, complete, and correct, and that the applicant has the authority to file the requested changes pursuant to §46A-6N-2(c) of the West Virginia Code.

**Applicant Signature**: \_\_\_\_\_ **Date**: \_\_\_\_\_

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

**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.



**IMPORTANT - BEFORE YOU SEND THIS APPLICATION, CHECK THE BOXES BELOW INDICATING YOU HAVE INCLUDED THE FOLLOWING ITEMS:**

1. ☐ The completed, original **West Virginia Amendment to Litigation Financier Registration (Form LF-2)**, *this application*.
2. ☐ **If changing the surety bond or irrevocable letter of credit, the new surety bond or irrevocable letter of credit issued and confirmed by a financial institution authorized by law to transact business in the state of West Virginia in an amount not less than \$50,000 is attached.**
3. ☐ **\$25 Filing Fee.**  
☐ **Expedite Service** - Additional fee applies if requesting expedite service. Refer to the attached **Customer Order Request** form for additional fee.  
**Payment Options -**
  - **Check or Money Order:** Make payable to **West Virginia Secretary of State**.
  - **Credit Card:** You must complete and include the attached **e-Payment Authorization** form.
- ☐ **An application missing any part of the above listed items cannot be accepted and will be immediately returned for corrections.**
4. ☐ Deliver all the above to one of the processing centers listed in the attached **Filing Submission Instructions**.



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Website: [www.wvsos.gov](http://www.wvsos.gov)

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> | <u>*Fee</u> | EXPEDITED SERVICE requests may be submitted by:                        |
|-------------------------|-------------|--|
| 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. | STANDARD PROCESSING requests may be submitted by:                            |
|                             | - 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:

#### **BUSINESS SERVICE CENTERS** *Standard and Expedited Filings*

##### Charleston Office

##### **One-Stop Business Center**

1615 Washington Street East

Charleston, WV 25311

Phone: (304) 558-8000

Fax: (304) 558-8381

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

##### Clarksburg Office

##### **North Central WV Business Center**

200 West Main Street

Clarksburg, WV 26301

Phone: (304) 367-2775

Fax: (304) 627-2243

Hours: Mon. - Fri. 9:00a - 5:00p EST

##### Martinsburg Office

##### **Eastern Panhandle Business Center**

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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Rev. 9/2018

## 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 \* \* \*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> <b>Standard Processing**</b><br>(Avg. processing turnaround<br>5-10 business days) | <input type="checkbox"/> <b>24-HOUR Expedite***</b><br>(additional \$25.00 fee included) | <input type="checkbox"/> <b>2-HOUR Expedite</b><br>(additional \$250.00 fee included) | <input type="checkbox"/> <b>1-HOUR Expedite</b><br>(additional \$500.00 fee included) |
|---|--|---|---|

Email to: [CorpFilings@wvsos.gov](mailto:CorpFilings@wvsos.gov)

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.

- |   |   |
|---|---|
| <input type="checkbox"/> Email to: _____              | <input type="checkbox"/> Fax to: _____                |
| <input type="checkbox"/> Hold for Pick Up             | <input type="checkbox"/> Mail to Return Address above |
| <input type="checkbox"/> FedEx: Acct # _____          |   |
| <input type="checkbox"/> Other (explain below): _____ | <input type="checkbox"/> 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 (Must attach <a href="#">e-Payment Authorization</a> request form including payment information.) |
| <input type="checkbox"/> Cash ( <u>Do Not</u> mail cash) | <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.**



West Virginia Secretary of State

Licensing Division

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Rev. 11/2017

## e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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.

**Service Type:** ☐ Fax ☐ E-mail ☐ Mail

### **Payment by Card** (card holder name and billing address required below)

**Card Type:** ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

**Credit Card Number:**

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**V Code\***

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\* 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: 

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 Year: 

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**Amount to Charge Card:** USD \$ 

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### **Order Information** (required)

**Entity Name:**

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### **Card Holder Information:**

Name as it appears on the account 

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Billing Address 

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City 

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 State 

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 Zip Code 

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Telephone 

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 Ext. 

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### **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:

**X** \_\_\_\_\_ Date 

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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):

**X** \_\_\_\_\_ Date 

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Authorized Signature

**Not to Exceed Amount:** USD \$ 

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