

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

Form AAO  
Rev. 07/2026



**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

Exempt Business

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**

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 \_\_\_\_\_

**Application to Appoint or Change Process, Officers and/or Addresses**

5. Complete the **Change of Officers or Other Persons in Authority**:

**Officer Type**

**New Officer Name**

**New Officer Address**

(check one for each new officer)

- a. ☐ President (Corp., Vol. Assn.) \_\_\_\_\_
- ☐ Member/Manager (LLC) \_\_\_\_\_
- ☐ General Partner (LP, LLP) \_\_\_\_\_
- ☐ Trustee (Bus. Trust) **Remove** (previous officer name, if any)
- ☐ Other \_\_\_\_\_
- b. ☐ President (Corp., Vol. Assn.) \_\_\_\_\_
- ☐ Member/Manager (LLC) \_\_\_\_\_
- ☐ General Partner (LP, LLP) \_\_\_\_\_
- ☐ Trustee (Bus. Trust) **Remove** (previous officer name, if any)
- ☐ Other \_\_\_\_\_
- c. ☐ President (Corp., Vol. Assn.) \_\_\_\_\_
- ☐ Member/Manager (LLC) \_\_\_\_\_
- ☐ General Partner (LP, LLP) \_\_\_\_\_
- ☐ Trustee (Bus. Trust) **Remove** (previous officer name, if any)
- ☐ Other \_\_\_\_\_
- d. ☐ President (Corp., Vol. Assn.) \_\_\_\_\_
- ☐ Member/Manager (LLC) \_\_\_\_\_
- ☐ General Partner (LP, LLP) \_\_\_\_\_
- ☐ Trustee (Bus. Trust) **Remove** (previous officer name, if any)
- ☐ Other \_\_\_\_\_

- e. ☐ President (Corp., Vol. Assn.) \_\_\_\_\_  
☐ Member/Manager (LLC) \_\_\_\_\_  
☐ General Partner (LP, LLP) \_\_\_\_\_  
☐ Trustee (Bus. Trust) **Remove** (previous officer name, if any)  
☐ Other \_\_\_\_\_

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 NO** 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.



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State Business & Licensing  
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## CUSTOMER ORDER REQUEST

INCLUDE THIS FORM WITH YOUR FILING

Name of Business on Filing: \_\_\_\_\_

### Contact for Filing:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Order Description: Please Identify the type of filing or request being made.

### EXPEDITING SERVICE OPTIONS\*

- ☐ Standard (5-10 business days) - No additional cost
- ☐ In-Person Same Day -\$25 in addition to filing fee
- ☐ Next Business Day - \$25 in addition to filing fee
- ☐ 2 Hour - \$250 in addition to filing fee
- ☐ 1 Hour - \$500 in addition to filing fee

### Expediting Service is NOT AVAILABLE for:

- Dissolutions / Withdrawals of Corporations, Voluntary Associations, or Business Trusts
- Credit Service Organization Registrations
- Trademark Filings
- Sole Proprietor / General Partnership Trade Names

\*Fees apply to each business. Time frame Indicates when the filing will be completed and registered in the Secretary of State database.

### Return Information:

Method of Return:

- ☐ Hold for Pick Up
- ☐ Email: \_\_\_\_\_
- ☐ Specialty Carrier (Please provide return envelope & prepaid label)
- ☐ USPS Mail (standard)

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Please Mail Filing to Any Secretary of State Hub Office

#### WV One Stop Business Center

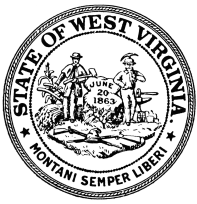
13 Kanawha Blvd. W.  
Suite 201  
Charleston, WV 25302

#### North Central WV Business Hub

153 West Main Street  
Suite G - Third Floor  
Clarksburg, WV 26301

#### Eastern Panhandle Business Hub

229 East Martin Street  
Martinsburg, WV 25401



Secretary of State  
Capitol Building Charleston,  
WV 25305 Phone: (304)  
558-6000 Website:  
sos.wv.gov

## Next Business Day, 2-Hour, and 1-Hour Expedite Service Guidelines

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### NEXT BUSINESS DAY 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 acknowledgment (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.**