

**COMMISSIONER FOR WEST VIRGINIA  
NAME AND/OR ADDRESS CHANGE**

Form CWV-3  
Rev. 11/02/2022

West Virginia Secretary of State

Licensing Division

Tel: (304)558-8000

Fax: (304)558-8381

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

Email: [notary@wvsos.gov](mailto:notary@wvsos.gov)

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

**NO FEE**

Notary ID#: \_\_\_\_\_

**\*\*\*\* 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  
NOT LATER THAN thirty (30) days AFTER the change(s) are made.**

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

1. **Name of commissioner** filing the change(s): \_\_\_\_\_

2. **Name Change** (if applicable):

a. Previous Name \_\_\_\_\_

b. New Name \_\_\_\_\_

3. **Address Change** (if applicable):

a. Previous Address | Company Name  
(if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. New Address | Company Name  
(if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Contact Name and Signature Information** (Note: *We will accept an electronic signature. An original signature is not required.*):

a. Contact Name (print): \_\_\_\_\_

b. Contact Phone (w/ area code): \_\_\_\_\_

c. E-mail Address: \_\_\_\_\_

d. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YYYY)

**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.

**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. **Previous Name** – Enter the previous (old) name of the commissioner as it was previously registered with West Virginia Secretary of State.
  - b. **New Name** – Enter the new name of the commissioner as it has been legally registered with the state.
- Section 3. Address change:**
- a. **Previous 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** – **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:**

<b><u>Charleston Office</u></b> West Virginia Secretary of State State Capitol Building 1900 Kanawha Blvd. East Bldg. 1, Ste. 157-K Charleston, WV 25305 Phone: (304) 558-8000 Fax: (304) 558-8381 Hours: Mon. - Fri. 8:30a - 5:00p EST	<b><u>Clarksburg Office</u></b> North Central WV Business Center 153 West Main Street Suite G- Third Floor Clarksburg, WV 26301 Phone: (304) 367-2775 Fax: (304) 627-2243 Hours: Mon. -Fri. 9:00a - 5:00p EST	<b><u>Martinsburg Office</u></b> 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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\*\*\*\*\* **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 YOUR 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.**