COMMISSIONER FOR WEST VIRGINIA
NAME AND/OR ADDRESS CHANGE

Form CWV-3
Rev. 07/2027

West Virginia Secretary of State
Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov
Email: 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:

Charleston Office
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

Clarksburg Office
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

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

********** **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.**