

**REQUEST FOR CORPORATION OR
PROFESSIONAL LIMITED LIABILITY COMPANY
NAME CHANGE**

Fee: \$25.00

All requests for a name change shall have two original copies of the Amended Articles of Incorporation or Organization attached, unless filed online with the Secretary of State's Office and one complete copy of that filing will be sufficient.

Current Name of Corporation or PLLC - _____

Address - _____

Phone - _____

Proposed New Name of Corporation or PLLC - _____

See Board rules 5CSR1, 5CSR2 (PLLC) & 5CSR6(Corporations & Ownership) concerning the proper naming of a Dental Corporation, PLLC or use of a trade name for these business entities.

Two original copies of the Amended Articles of Incorporation or Organization shall be attached to and made a part of this request, unless filed online with the Secretary of State's Office and one complete copy of that filing will be sufficient. Further, please enclose a check or money order in the amount of \$25.00 payable to the West Virginia Board of Dental Examiners, no part of which is refundable. Also enclose the check made payable to the Secretary of State's office unless it has already been paid to the Secretary of State. Please return application and necessary papers to Susan Combs, Executive Director, West Virginia Board of Dental Examiners, PO Box 1447, Crab Orchard, WV 25827