



Office of the Secretary of State  
Corporations & Charities Division

**No Fee for Standard Service**

**With Expedited Service: \$50**

*For office use only*

## STATEMENT OF CHANGE BY COMMERCIAL REGISTERED AGENT

*SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK*

### 1. Current Commercial Registered Agent Information

Current Commercial Registered Agent Name: \_\_\_\_\_ UBI#: \_\_\_\_\_

Current Physical Street Address in WA: \_\_\_\_\_

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

Current EntityType (*LLC, Profit Corp., etc.*): \_\_\_\_\_ Current Jurisdiction of Formation (State or Country): \_\_\_\_\_

Current Mailing Address in WA: \_\_\_\_\_

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

### 2. New Commercial Registered Agent Information

New Commercial Registered Agent Name (*if applicable*): \_\_\_\_\_ New UBI# (*if applicable*): \_\_\_\_\_

New Physical Street Address in WA (*required if different than above*): \_\_\_\_\_

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

New EntityType (*if applicable*): \_\_\_\_\_ New Jurisdiction of Formation (*if applicable*): \_\_\_\_\_

New Mailing Address in WA (*if applicable*): \_\_\_\_\_

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

I understand that I am responsible for promptly furnishing to each entity I represent a notice of this filing/record.

Signature	Print Name	Title	Date
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**This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.**

RETURN COMPLETED FORM AND PAYMENT TO:

**801 Capitol Way S  
PO Box 40234  
Olympia, WA 98504-0234**

All fees are non-refundable.  
All payments must be in US currency or  
drawn on a US bank.  
Make checks and Money Orders payable to:  
**Secretary of State**