



Office of the Secretary of State
Corporations & Charities Division

<u>Physical/Overnight address</u>	<u>Mailing Address</u>
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This Box For Office Use Only

- Filing Fee \$20**
- To Expedite Filing, Add \$50**

ARTICLES OF AMENDMENT NONPROFIT CORPORATION

RCW 24.03

All fields required unless otherwise specified

(1) UBI No.: _____

(2) NAME OF NONPROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)

(3) BUSINESS TYPE:

Are you changing your business type? (Check one) Yes No

If Yes, select the change being made:

WA NONPROFIT PROFESSIONAL SERVICE CORPORATION

(4) BUSINESS NAME CHANGE: Are you changing your business name? (Check one) Yes No

New Name: _____

Does the business have a name reserved? (Check one) Yes No

If Yes, provide the Name Reservation Number and Name

Reservation Number: _____

Reserved Name: _____

(5) PURPOSE OF NONPROFIT CORPORATION: *Required only if changed* (attach additional pages if necessary)

(6) DURATION: *Required only if changed* Check ONE of the following

This Company shall have a perpetual duration This Company shall have a duration of _____ years.

This Company shall expire on _____

(7) Has your registered agent changed? (Check one) YES NO If Yes, complete page 2

NEW REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

Please complete **ONE** type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> Individual: _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Business: _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Office or Position: _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____ City: _____	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent **Printed Name/Title** **Date**

(8) ADOPTION OF ARTICLES OF AMENDMENT: Articles of Amendment were adopted by: (Check one)

- The amendment was adopted by a meeting of members held: (date required) _____, a quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present or represented by proxy were entitled to cast.
- The amendment was adopted by consent in writing and signed by all members entitled to vote.
- There are no members that have voting rights. The amendment received a majority vote of the directors at a board meeting held: (date required) _____.

(9) DISTRIBUTION OF ASSETS: *Required only if changed*

(10) GOVERNOR(S): *Required only if changed*

List at least one. Attach additional pages if necessary. NOTE: A business cannot serve as its own Governor.

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

(11) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

- Date of filing Specify a Date _____ (cannot be more than 90 days following received date)

(12) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention to: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

(13) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications

- The business wants to receive **all** notifications to the Registered Agent by postal mail

(14) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person	Printed Name/Title	Date
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