



Office of the Secretary of State  
Corporations & Charities Division

Physical/Overnight address   Mailing Address

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This Box For Office Use Only

- Nonprofit Filing Fee \$20**
- All Other Entity Types Filing Fee \$30**
- To Expedite Filing, Add \$50**

## AMENDMENT OF FOREIGN REGISTRATION STATEMENT

### [RCW 23.95](#)

**All fields required unless otherwise specified**

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**(1) UBI No.:** \_\_\_\_\_

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**(2) NAME OF FOREIGN BUSINESS:** (as currently recorded with the Office of the Secretary of State)

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**(3) BUSINESS TYPE CHANGE:**

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

If Yes, select the change being made:

- |   |   |
|---|---|
| <input type="checkbox"/> PROFIT CORPORATION                         | <input type="checkbox"/> CREDIT UNION                 |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY                  | <input type="checkbox"/> COOPERATIVE ASSOCIATION      |
| <input type="checkbox"/> NONPROFIT CORPORATION                      | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="checkbox"/> LIMITED PARTNERSHIP                        | <input type="checkbox"/> INSURANCE COMPANY            |
| <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP              |   |
| <input type="checkbox"/> LIMITED LIABILITY LIMITED PARTNERSHIP      |   |
| <input type="checkbox"/> PROFESSIONAL SERVICE CORPORATION           |   |
| <input type="checkbox"/> PROFESSIONAL LIMITED LIABILITY COMPANY     |   |
| <input type="checkbox"/> NONPROFIT PROFESSIONAL SERVICE CORPORATION |   |
| <input type="checkbox"/> PROFESSIONAL LIMITED LIABILITY PARTNERSHIP |   |
| <input type="checkbox"/> BANK CORPORATION                           |   |
| <input type="checkbox"/> BANK LIMITED LIABILITY COMPANY             |   |
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**(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: \_\_\_\_\_

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**(5) DOING BUSINESS AS (DBA) NAME:** [RCW 23.95.525](#)

If above name is not available, enter a name to be used in Washington State.

\_\_\_\_\_  
\_\_\_\_\_

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**(6) JURISDICTION:** *Required only if changed*

Country: \_\_\_\_\_ State: \_\_\_\_\_

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**(7) PRINCIPAL OFFICE:** *Required only if changed*

**Principal Office Street Address**  
(Must be a physical address; No PO Box or PMB)

Address: \_\_\_\_\_

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

State: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing Address (optional)**

Check if mailing address is the same as street address

Address: \_\_\_\_\_

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

State: \_\_\_\_\_ Country: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**(8) 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: \_\_\_\_\_

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**(9) PERIOD OF DURATION IN HOME JURISDICTION:** *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 \_\_\_\_\_

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**(10) Has your registered agent changed? (Check one)  YES  NO** If Yes, complete page 3

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**NEW REGISTERED AGENT:**

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**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

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**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"/> <b>Individual:</b> _____	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"/> <b>Business:</b> _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> <b>Office or Position:</b> _____	<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: _____
<b>Registered Agent Street Address (required)</b> (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____      City: _____	<b>Registered Agent Mailing Address (optional)</b> <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: _____

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**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.

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

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**(11) NATURE OF BUSINESS:** *Required only if changed*

Briefly describe the type of business your business conducts in the state of Washington:

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**(12) 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)

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**(13) 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:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

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**(14) 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

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**(15) AUTHORIZED PERSON:**

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

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**Signature of Authorized Person**

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**Printed Name/Title**

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**Date**

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