



Office of the Secretary of State
Corporations & Charities Division

Filing Fee, non-profit corp: \$20

Filing Fee, all others: \$30

With Expedited Service: add an additional \$50

For office use only

FOREIGN REGISTRATION AMENDMENT

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

1. Entity Information

Entity Name (as recorded with WA Sec. of State):

UBI# (if applicable):

New Entity Name (if different than above):

If above name not available, name to be used in WA:

Current Jurisdiction of Formation (State or Country):

New Jurisdiction of Formation:

Current Entity Type (if LP, indicate whether entity is an LLLP):

New Entity Type (if LP, indicate whether entity is an LLLP):

2. Effective Date

EffectiveDate:	Upon Filing, or	SpecificDate:	Enter Specific Date:	(Effective date must be within 90 days AFTER the Amendment has been filed by Secretary of State)
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3. Principal Office Information (must be completed if changed from current)

Street Address of Principal Office:

City: State: Zip:

Mailing Address of Principal Office (if different than above):

City: State: Zip:

Street Address of Required Office in Home Jurisdiction (if applicable):

City: State: Zip:

Mailing Address of Required Office in Home Jurisdiction (if different than above):

City: State: Zip:

REQUIRED: if a change is made to the Entity Name, Entity Type or Jurisdiction, a Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.



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4. Registered Agent Information *(must be completed if amending Registered Agent information):*

Registered Agent is a: <i>(must select one)</i>	Commercial Registered Agent	Non-Commercial Registered Agent
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Current or New Registered Agent Name:

Physical Address in WA *(required if non-commercial registered agent):*

City: _____ State: _____ Zip: _____

Mailing Address in WA (optional):

City: _____ State: _____ Zip: _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change my address.

Signature <i>(required if agent has changed)</i>	Print Name	Title	Date
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5. Executor Information

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
Signature <i>(required)</i>	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:

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

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