

801 Capitol Way S, Olympia, WA 98504-0234

□ Amendment Fee \$20

□ Amendment Fee with Expedited Service \$70

ARTICLES OF AMENDMENT NONPROFIT CORPORATION

This Box For Office Use Only

<u>RCW 24.03</u>

Please provide UBI #

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

ENTITY TYPE: Are you changing your business type? \Box Yes \Box No (if no, continue to next section)

If yes, select the change being made:

□ WA NONPROFIT PROFESSIONAL SERVICE CORPORATION

□ WA PUBLIC BENEFIT CORPORATION

ENTITY NAME CHANGE: Are you changing your business name?
Ves
No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved? \Box Yes \Box No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number:

Name:

PURPOSE OF NONPROFIT CORPORATION: *Required only if changed* (attach additional page(s) if necessary)

DURATION: Required only if changed Please check ONE of the following

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

□ This Company shall expire on

Has your registered agent changed?
VES
NO If Yes, please be sure to complete page 2

NEW REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? \Box Yes \Box No

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

A Commercial Registered Agent is an entity 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 has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete <u>ONE</u> type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

Individual	🗆 Entity		Office or Position		
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)		List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)		
Phone:	_	Email:			
Registered Agent Street Addre (Must be a physical address No PO	· • /	e	Registered Agent Mailing Address (optional) Check if mailing address is the same as street address 		
Country: <u>United States</u> State: <u>Washington</u>		Country: <u>United S</u>	Country: <u>United States</u> State: <u>Washington</u>		
Address :		Address :	Address :		
Zip: City:		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 entity. I understand it will be my responsibility to accept service of process, notices, and demands 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 the Registered Office Address.

Signature of Registered Agent

Printed Name/Title

Date

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

□ The amendment was adopted by a meeting of members held: (provide date) ______, 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.

 \Box 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: (provide date)_____

DISTRIBUTION OF ASSETS: Required only if changed

GOVERNORS: Required only if changed

List at least one, attach additional pages if necessary *An entity cannot serve as its own Governor

Name:	Name:
Name:	Name:
Name:	Name:

EFFECTIVE DATE:

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

RETURN ADDRESS FOR THIS FILING: (Optional)

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailing address.

Attention to:		
Email:		
Address:		
City	StateZip	

AUTHORIZED PERSON:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Authorized Person	Printed Name/Title	Date