



Office of the Secretary of State

Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

Amendment Fee \$20

Amendment Fee with Expedited Service \$70

ARTICLES OF AMENDMENT NONPROFIT CORPORATION

RCW 24.03

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? Yes 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? Yes No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved? Yes 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

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

This Company shall expire on _____

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

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.
- 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 _____ State _____ Zip _____

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
--------------------------------	--------------------	------
