



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

- Filing Fee \$10
- Filing Fee with Expedite Services \$60

AMENDED REPORT

[RCW 23.95.255](#)

All fields required unless otherwise specified

Entity Name: _____ **UBI:** _____

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

<p style="text-align: center;">Principal Office Street Address (Must be a physical address; No PO Box or PMB)</p> <p>Address: _____</p> <p>_____</p> <p>Zip: _____ City: _____</p> <p>State: _____ Country: _____</p>	<p style="text-align: center;">Mailing Address (optional)</p> <p><input type="checkbox"/> Check if mailing address is the same as street address.</p> <p>Address: _____</p> <p>_____</p> <p>Zip: _____ City: _____</p> <p>State: _____ Country: _____</p>
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Phone: (optional) _____ **Email: (optional)** _____

Governor(s) (list at least one, attach additional pages if necessary) *An entity cannot serve as its own Governor

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Nature of Business (briefly describe the type of business your entity conducts in the state of Washington):

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

Signature of Authorized Person: _____ **Date:** _____

Print Name and Title (if applicable): _____

Phone: (optional) _____ **Email: (optional)** _____

NEW REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes 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 **ONE** 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 Address (required)
(Must be a physical address No PO Box or PMB)

Country: United States State: Washington

Address : _____

Zip: _____ City: _____

Registered Agent Mailing Address (optional)
 Check if mailing address is the same as street address

Country: United States State: Washington

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 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