



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 \$30
- Amendment Fee with Expedited Service \$80

ARTICLES OF AMENDMENT
PROFIT CORPORATION
[RCW 23B.10](#)

Please provide UBI # _____

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

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

If yes, select the change being made:

- WA PROFESSIONAL SERVICE CORPORATION WA PUBLIC UTILITY CORPORATION
- WA SOCIAL PURPOSE CORPORTION

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: _____

CORPORATE SHARES: Are you changing your business's authorized shares? Yes No If no, continue to next section

New number of authorized shares: _____ Class of shares: Common Stock Preferred Stock

Did your share information change? (check one) Yes No If No, continue to next section

If Yes, implementation plan for change: (attach additional pages if needed)

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

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

First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)

Entity

Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)

Office or Position

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

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 _____

ADOPTION OF ARTICLES OF AMENDMENT: This Amendment was duly adopted by the following method

By a sufficient vote of shareholders

By the board of directors

By the incorporators prior to the issuance of shares

EFFECTIVE DATE:

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

DATE OF ADOPTION: When was this Amendment adopted?

Date of filing Specify a 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
