



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

- Expedite Service \$50
- Nonprofit Amendment \$20
- All Other Entity Types Amendment \$30

AMENDMENT OF FOREIGN REGISTRATION STATEMENT

RCW 23.95

Please provide UBI # _____ (as currently recorded with the Office of the Secretary of State)

NAME OF FOREIGN ENTITY: (as currently recorded with the Office of the Secretary of State)

BUSINESS TYPE CHANGE:

Is this for a Nonprofit Corporation? (Check one) Yes No

If yes, please continue to page 2. If no, please continue below

Are you changing your business type? (Check one) Yes No (if no, continue to page 2)

If yes, select the change being made:

- FOREIGN LIMITED LIABILITY COMPANY
- FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP
- FOREIGN LIMITED LIABILITY PARTNERSHIP
- FOREIGN LIMITED PARTNERSHIP
- FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANY
- FOREIGN PROFESSIONAL LIMITED LIABILITY PARTNERSHIP
- FOREIGN PROFESSIONAL SERVICE CORPORATION
- FOREIGN PROFIT CORPORATION
- FOREIGN PUBLIC UTILITY 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: _____

DOING BUSINESS AS (DBA) NAME: [RCW 23.95.525](#)

If above name is not available, enter a name to be used in Washington State.

JURISDICTION: *Required only if changed*

Country: _____ State: _____

PRINCIPAL OFFICE: *Required only if changed*

Principal Office Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address (optional)

Check if mailing address is the same as street address.

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

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

GOVERNOR(S): *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: _____

PERIOD OF DURATION IN HOME JURISDICTION: *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 3

NATURE OF BUSINESS: *Required only if changed*

Briefly describe the type of business your entity conducts in the state of Washington:

EFFECTIVE DATE: *Required only if changed*

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 |
