



Physical/Overnight address Mailing Address
 801 Capitol Way S PO Box 40234
 Olympia, WA 98501-1226 Olympia, WA 98504-0234
 Tel: 360.725.0377 www.sos.wa.gov/corps

This Box For Office Use Only

- No Filing Fee
- To Expedite Filing, Add \$50

STATEMENT OF CHANGE/ DESIGNATION OF REGISTERED AGENT
[RCW 23.95.415](#)

(1) Business Name: _____ **UBI:** _____

(2) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications

The business wants to receive **all** notifications to the Registered Agent by postal mail

(3) REGISTERED AGENT ADDRESS UPDATE:

Has only the address of the registered agent changed? (Check one) Yes No If Yes, complete the new address below

Registered Agent Street Address (required)
 (Must be a physical address; No PO Box or PMB)

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

Country: United States State: Washington

Country: United States State: Washington

Address : _____

Address : _____

Zip: _____ City: _____

Zip: _____ City: _____

(4) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

 Signature of Registered Agent

 Printed Name/Title

 Date

(5) Has the registered agent changed? (Check one) YES NO If Yes, page 2 is required

NEW REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT

A Commercial Registered Agent is a business 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 address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) Yes No

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

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

Please complete **ONE** type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> Individual: _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Business: _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Office or Position: _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____ City: _____	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> 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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; 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**