



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

No Filing Fee

Expedited Services \$50

Commercial Statement of Change

[RCW 23.95.440](#)

Current Name of Commercial Registered Agent (as currently recorded with the Office of the Secretary of State):

Is the Name of the Commercial Registered Agent changing (check one) Yes No

If No, please continue to "Type of Commercial Registered Agent"

If Yes, please provide the new name below

TYPE OF COMMERCIAL REGISTERED AGENT:

Please select the type of Agent (Check one) Individual Entity

If Individual, continue to "Commercial Registered Agent Address"

If **Entity**, has any of your information changed? (check one) Yes No

If No, continue to "Commercial Registered Agent Address"

If Yes, please provide the changes that have occurred:

Entity Type: _____ Country: _____ State: _____

COMMERCIAL REGISTERED AGENT ADDRESS:

Please fill out any information that has changed and then continue to page 2

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: _____

COMMERCIAL REGISTERED AGENT ATTESTATION: [RCW 23.95.440](#)

By checking this box, the agent listed understand that they are responsible for promptly furnishing to each entity they represent a notice of this filing/record.

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
