



Office of the Secretary of State
Corporations & Charities Division

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|-----------------------------------|------------------------|
| <u>Physical/Overnight address</u> | <u>Mailing Address</u> |
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This Box For Office Use Only

- Filing Fee \$30**
- To Expedite Filing, Add \$50**

ARTICLES OF AMENDMENT
PROFESSIONAL SERVICE CORPORATION
RCW 23B.10 & RCW 18.100

All fields are required unless otherwise specified

(1) UBI No.: _____

(2) NAME OF PROFESSIONAL SERVICE CORPORATION: (as currently recorded with the Office of the Secretary of State)

(3) BUSINESS TYPE:

Are you changing your business type? (Check one) Yes No

If Yes, select the change being made:

- WA PROFIT CORPORATION WA PUBLIC UTILITY CORPORATION
- WA SOCIAL PURPOSE CORPORATION

(4) BUSINESS NAME CHANGE: Are you changing your business name? (Check one) Yes No

New Name: _____

If designation is not provided, it will default to PS

Does this Professional Service Corporation provide Dental Services? (Check one) Yes No

If Yes: The name of a professional service corporation organized to render dental services must contain the full names or surnames of all shareholders and no other word than "Chartered" or the words "Professional Services" or the abbreviation "P.S." or "P.C."

Does the business have a name reserved? (Check one) Yes No

If Yes, provide the Name Reservation Number and Name

Reservation Number: _____

Reserved Name: _____

(5) CORPORATE SHARES: Are you changing your business's authorized shares? (Check one) Yes No

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

If preferred is checked, a further description will be needed prior to issuance of shares. Please refer to [RCW 23B.06.010](#) and [RCW 23B.06.020](#)

(6) PROFESSIONAL PURPOSE OF CORPORATION: *Required only if changed*

Purpose for which the professional service corporation is organized

(7) Has your registered agent changed? (Check one) YES NO If Yes, complete page 2

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**

(8) GOVERNOR(S): *Required only if changed*

List at least one. Attach additional pages if necessary. **NOTE: A business cannot serve as its own Governor.**

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

(9) DURATION: *Required only if changed* 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 _____
-

(10) ADOPTION OF ARTICLES OF AMENDMENT:

This Amendment was duly adopted by the following method (Check one)

- By a sufficient vote of shareholders in accordance with the provisions of RCW 23B.10.030 and 23B.10.040
 By the board of directors. Shareholder approval is not required.
 By the incorporators prior to the issuance of shares. Shareholder approval is not required.
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(11) DATE OF ADOPTION: When was this Amendment adopted? (Check one)

- Date of filing Specify a date: _____
-

(12) EFFECTIVE DATE OF THIS FILING: Check **ONE** of the following

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

(13) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

(14) 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
-

(15) 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 Authorized Person

Printed Name/Title

Date
