



INSTRUCTIONS: COMMERCIAL REGISTERED AGENT STATEMENT OF CHANGE RCW 23.95.440

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corps a fillable .pdf version of this form is available or you can file online at www.cafs.sos.wa.gov

Mail: Send the completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: There is no filing fee to update the Commercial Registered Agent information.

Expedited Service: If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Commercial Registered Agent Name: Provide the name of the Commercial Registered Agent as currently recorded with the Office of the Secretary of State.

(2) Commercial Registered Agent Name Change: Select if the Commercial Registered Agent name has changed. If "Yes" provide the new name.

(3) Commercial Registered Agent Info: If changed, provide the updated contacting information, an email address is required. Provide the contact number and email address. Provide the required **physical** street address of the Commercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State. Under the consent to serve as the registered agent sign, print, provide the signer's title, and date the document.

(4) Type of Commercial Registered Agent: If changed, select the type of agent. If "business" is selected provide the business type, country, and state.

(5) Commercial Registered Agent Attestation: By signing the authorized person section the Commercial Registered Agent attests that they understand they are responsible for promptly notifying each business they represent a notice of this filed record.

(6) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address.

(7) Authorized Person: Sign, print, provide the signer's title, and date the document.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division website at sos.wa.gov/corps email corps@sos.wa.gov call 360-725-0377 or visit our website for a chat option with a representative.



Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

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

COMMERCIAL REGISTERED AGENT STATEMENT OF CHANGE

RCW 23.95.440

All fields are REQUIRED unless otherwise specified

(1) NAME OF COMMERCIAL REGISTERED AGENT: (as currently recorded with the Office of the Secretary of State)

(2) COMMERCIAL REGISTERED AGENT NAME CHANGE: *Required only if changed*

Are you changing the commercial registered agent name? (Check one) Yes No

New Name: _____

(3) COMMERCIAL REGISTERED AGENT INFORMATION: *Required only if changed*

Phone: (optional) _____ 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: _____

(4) TYPE OF COMMERCIAL REGISTERED AGENT: *Required only if changed*

Select the type of agent:

- Individual
- Business If selected the business type, country, and state are required.

Business Type: _____ Country: _____ State: _____

(5) COMMERCIAL REGISTERED AGENT ATTESTATION:

By the authorized person signing, the Commercial Registered Agent attests that the below statement is true and correct.

The agent listed understands that they are responsible for promptly furnishing to each business they represent a notice of this filing/record.

(6) 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:** _____

(7) 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
