



INSTRUCTIONS: COMMERCIAL REGISTERED AGENT STATEMENT OF CHANGE RCW 23.95.440

Purpose: A Commercial Statement of Change may be used to update the contact information for a commercial registered agent.

Upon completion the registered agent information for all represented business entities will be updated and a Commercial Statement of Change will be added to each business entity's filing history.

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/corporations a fillable .pdf version of this form is available or you can file online at <https://ccfs.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* \$100 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 the authorized person signing 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.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State
 Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

- No Filing Fee
- To Expedite Filing, Add \$100

STATEMENT OF CHANGE

Commercial Registered Agent

[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: _____

Street Address: (required)	Mailing Address (optional)
Must be a physical address; No PO Box or PMB	<input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____	Address : _____
Zip: _____ City: _____	Zip: _____ City: _____

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

Select the type of agent:

- Individual
- Business If selected, the business must be registered with our office and provide the business type, country, and state.

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

- By checking the box, 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
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