



## **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](http://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.

**Email:** An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

**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](http://www.sos.wa.gov/corporations) to chat with a representative.



**WASHINGTON**  
Secretary of State  
Corporations & Charities Division

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

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: [www.sos.wa.gov/corporations-charities](http://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*

Email (required): \_\_\_\_\_

Phone (optional): \_\_\_\_\_

**Street Address: (required)**

Must be a physical address; No PO Box or PMB

Country: United States State: Washington

Address : \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

**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 must be registered with our office and provide the business type, country, and state.

Business Type: \_\_\_\_\_ Country: \_\_\_\_\_ State: \_\_\_\_\_

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**(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.

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**(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:** \_\_\_\_\_

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**(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.**

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<b>Signature of Authorized Person</b>	<b>Printed Name/Title</b>	<b>Date</b>
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