WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
www.sos.wa.gov/corporations

INSTRUCTIONS: AMENDMENT OF FOREIGN REGISTRATION STATEMENT RCW 23.95

Purpose: A Foreign Registration Amendment is used to record changes to the business entity's information that have also been recorded in its home jurisdiction.

An Amendment cannot be used to change a business's jurisdiction to Washington State. Amendment filings are most commonly used to change the business entity's name.

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**.**

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: The filing fee for the Amendment of Foreign Registration Statement is $30.00 for all business types except for nonprofit businesses. Nonprofit businesses submit a filing fee of $20.00.

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) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Name of Foreign Business: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(3) Registered Agent: If the Registered Agent has changed, indicate by selecting, "Yes" and provide new Registered Agent information.

Registered Agent: All businesses must have a Registered Agent in Washington State per RCW 23.95.415. Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
    - Select "Yes" or "No."
        - If "Yes," provide the name of the Commercial Registered Agent. An address is not required.
        - If "No," continue to Noncommercial Registered Agent.

- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the business.
    - Identify the Registered Agent.
        - Individual: Write the individual's first and last name.

        - Business: Write the business' full name.
        - Office/Position: Write the office or position title held within the business such as President, Secretary, Treasurer, or Member.
    - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
    - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

(4) Business Type Change: If changing business type, indicate by checking "Yes" or "No". If "Yes", select the appropriate business type to change to.

(5) Business Name: Provide the new name for review. **A copy of the name change document filed in the home jurisdiction is required to be submitted.** If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided select "No".

If changed, enter the name as it appears on the Certificate of Existence/Good Standing from the home jurisdiction. For naming requirements see RCW 23.95.305 for the specific business type.

**(6) Doing Business As (DBA) Name: ** If the name of the business is not available in Washington or the designation does not meet statutory requirements, choose an alternate name (DBA) to use in Washington. Refer to RCW 23.95.525 for more information.

(7) Jurisdiction: Enter the home state or country under whose law the organic documents are filed.

(8) Principal Office: If changed, enter the principal office address. This is the place where the business's records are kept. This address **must** be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State.

(9) Governors: List the current individuals/businesses responsible for governing the business. Attach additional pages if necessary. A business cannot serve as its own governor. A governor is commonly a business/individual who has the authority to make decisions on behalf of the business.

(10) Period of Duration in Home Jurisdiction: Enter the business's period of duration as it is recorded in the home jurisdiction.

(11) Nature of Business: Enter a brief description of the type of business the business conducts in Washington State.

(12) Effective Date: Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(13) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

(14) 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

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

THIS BOX FOR OFFICE USE ONLY

☐ **Nonprofit Filing Fee $20**

☐ **All Other Entity Types Filing Fee $30**

☐ **To Expedite Filing, Add $100**

AMENDMENT OF FOREIGN REGISTRATION STATEMENT

RCW 23.95

All fields REQUIRED unless otherwise specified

(1) UBI No.: _____

(2) NAME OF FOREIGN BUSINESS: (as currently recorded with the Office of the Secretary of State)

_____

(3) Has your registered agent or their contact details changed? (Check one) ☐ **Yes** ☐ **No** **If Yes, complete page 3**

(4) BUSINESS TYPE CHANGE:

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

If Yes, select the change being made:

☐ Limited Liability Company ☐ Profit Corporation ☐ Professional Limited Liability Company

☐ Professional Service Corporation ☐ Limited Partnership ☐ Limited Liability Partnership

☐ Limited Liability Limited Partnership ☐ Professional Limited Liability Limited Partnership

☐ Cooperative Association ☐ Bank Corporation ☐ Bank Limited Liability Company

☐ Savings and Loan Association ☐ Credit Union ☐ Insurance Company

(5) BUSINESS ENTITY NAME CHANGE: Are you changing your business name? **(Check one)** ☐ **Yes** ☐ **No**

A copy of the name change document filed in the home jurisdiction is required to be submitted

New Name: _____

Does the business have a name reserved? (Check one) ☐ **Yes** ☐ **No** If Yes, provide the Name Reservation Number

Reservation Number: _____

If a foreign business entity registering with our office has a business name in their home jurisdiction that is unavailable in Washington, or their designation does not meet Washington State statutory requirements, they must choose an alternate name (DBA) to use in Washington, which includes the correct designation. Refer to RCW 23.95.525 for more information.

For Washington State name requirements see RCW 23.95.305

(6) DOING BUSINESS AS (DBA) NAME: If above name is not available, enter a name to be used in Washington State.

_____

(7) JURISDICTION: ***Required only if changed***

Country: _____ State: _____

(8) PRINCIPAL OFFICE: ***Required only if changed*** **The location where the business's records are kept**

Street Address ***(required)***
Must be a physical address; No PO Box or PMB

Address: _____

_____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address (***optional***)

☐ **Check if mailing address is the same as street address**

Address: _____

_____

Zip: _____ City: _____

State: _____ Country: _____

Email ***(required)*****:** _____

Phone ***(optional)*****:** _____

(9) GOVERNOR(S): ***Required only if changed*** List at least one, attach additional pages if necessary.

A business cannot serve as its own Governor

Name: _____ **Name:** _____

Name: _____ **Name:** _____

(10) PERIOD OF DURATION IN HOME JURISDICTION: ***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 _____

(11) NATURE OF BUSINESS: ***Required only if changed***

Briefly describe the type of business your business conducts in the state of Washington:

_____

(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) 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**

NEW REGISTERED AGENT: Required ONLY if question 3 was marked Yes

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a Registered Agent in Washington State per RCW 23.95.415

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent***.** The appointed agent must sign the **Consent to Serve** statement below.

COMMERCIAL REGISTERED AGENT

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent 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 this office in advance and does not need to provide it with this submission.

If applicable, provide the name of the Commercial Registered Agent: _____

NON-COMMERCIAL REGISTERED AGENT

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

If multiple types are listed the first type will be entered by this office

- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
- **Type 3:** If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: _____

Email *(required)*: _____

Phone (*optional*): _____

Street Address: (*required*) **Must be a physical address; No PO Box or PMB**	**Mailing Address (*optional*)** ☐ **Check if mailing address is the same as street address**
Country: **United States** **State**: **Washington**	**Country**: **United States** **State**: **Washington**
Address : _____	Address : _____
_____	_____
Zip: _____ City: _____	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**