

INSTRUCTIONS: STATEMENT OF CHANGE/DESIGNATION OF REGISTERED AGENT

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.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 or change the Registered Agent.

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) Business Name: Provide the name as recorded with the Office of the Secretary of State of Washington.

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) Postal Mail Opt-In: Check this box if the business wants to receive notifications by postal mail. If checked future notifications will be sent by postal mail to the Registered Agent's address.

(3) Registered Agent address update: If only the address of the Registered Agent has change, indicate by selecting, "Yes" and provide the new address.

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

(5) Registered Agent: If the Registered Agent has changed, indicate by selecting, "Yes" and provide the new Registered Agent information on page 2.

NEW 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.
 - Make **one** selection: Individual, Business, or Office/Position, and fill out accordingly.
 - Individual: Write the individual's first and last name.
 - Business: Write the business's full name.

- Office/Position: Write the office or position 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.

Consent to serve as Registered Agent: Sign, print, provide the signer's title, and date the document. The signer must be the new Registered Agent as listed above.

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 or call 360-725-0377.



Physical/Overnight address Mailing Address
 801 Capitol Way S PO Box 40234
 Olympia, WA 98501-1226 Olympia, WA 98504-0234
 Tel: 360.725.0377 www.sos.wa.gov/corps

This Box For Office Use Only

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

STATEMENT OF CHANGE/ DESIGNATION OF REGISTERED AGENT
[RCW 23.95.415](#)

(1) Business Name: _____ **UBI:** _____

(2) 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

(3) REGISTERED AGENT ADDRESS UPDATE:

Has only the address of the registered agent changed? (Check one) Yes No If Yes, complete the new address below

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) 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 Registered Agent Printed Name/Title Date

(5) Has the registered agent changed? (Check one) YES NO If Yes, page 2 is required

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
