

STATEMENT OF CHANGE FOR REGISTERED AGENT OR OFFICE

(Per Chapter 23B, 24.03,25.15 RCW)

FEE: \$10.00

• Fill, type or print in black ink.

Checks made payable to "Secretary of State"Sign, date and return original to:

CORPORATIONS DIVISION 801 CAPITOL WAY SOUTH • PO BOX 40234 OLYMPIA, WA 98504-0234

IMPORTANT! Person to Contact about this Filing		Daytime Phone Number (with area code)	
Email Address			
Name of Entity		UBI Number	
Type of Entity (Check one box)		'	
Limited Liability Company	Profit Corporation	Non-profit Corporation	
Changes to Registered Agent Information (Check all that	apply)		
New Registered Agent Name	Registered Office Address Change		
NAME AND ADDRESS OF NEW WASHINGTON STATE R	REGISTERED AGENT		
Name (New Agent)			
Street Address (Required)			
City	State WA ZIP		
PO Box (Optional)	ZIP		
	alf of the corporation; to	e above named corporation. I understand it will be my forward mail to the corporation; and to immediately notify ee Address.	
Signature of Agent	Printed Name	Date Date	
SIGNATURE (Check one box)			
Registered Agent (May sign if or	nly change is to the registe	ered office address)	
LLC Member or Manager	Corpora	ate Officer or Board of Directors Chairperson	
This document is hereby executed under penalities	s of perjury, and is, to the	e best of my knowledge, true and correct.	

IMPORTANT! This form must be filled out in its entirety and returned with the appropriate payment for filing. If you have questions about the requested information on the form please contact our customer assistance at: