

F18000 002 849

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

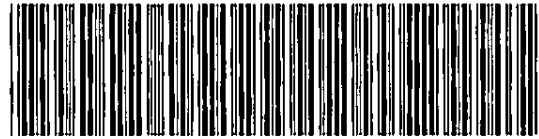
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*Handwritten signature*

OCT 20 2020  
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: COSTCO WHOLESALE CORPORATION  
Name of Corporation

DOCUMENT NUMBER: F18000002811

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAYLEEN BURNETT  
Name of Contact Person

COSTCO WHOLESALE  
Firm/Company

999 Lake Drive  
Address

ISSAQUAH WA 98027  
City/State and Zip Code

kayvnet@costco.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAYLEEN BURNETT at 425 313 8685  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|---|

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2020 OCT 13 PM 12:04

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2020

KAYLEEN BURNETT  
999 LAKE DRIVE  
ISSAQUAH, WA 98027

SUBJECT: COSTCO WHOLESALE CORPORATION  
Ref. Number: F18000002899

We have received your document for COSTCO WHOLESALE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Foreign Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 620A00016038



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2020

KAYLEEN BURNETT  
999 LAKE DRIVE  
ISSAQUAH, WA 98027

SUBJECT: COSTCO WHOLESALE CORPORATION  
Ref. Number: F18000002899

We have received your document for COSTCO WHOLESALE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the document in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 620A00017670



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2020

KAYLEEN BURNETT  
999 LAKE DRIVE  
ISSAQUAH, WA 98027

SUBJECT: COSTCO WHOLESALE CORPORATION  
Ref. Number: F18000002899

We have received your document for COSTCO WHOLESALE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Foreign Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 620A00016038

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F1500000 2899

(Document number of corporation (if known))

1. COSTCO WHOLESALE CORPORATION  
(Name of corporation as it appears on the records of the Department of State)
2. WASHINGTON 3. 1/15/2018  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

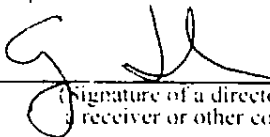
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SVP</u>	<u>Ali Moayeri</u>	<u>999 Lake Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Issaquah, WA 98027</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)

CRAIG JELINEK

(Typed or printed name of person signing)

PRESIDENT & CEO

(Title of person signing)

FILING FEE \$35.00