



6. Any other terms and conditions of the transfer.

7. A copy of the corporate resolution authorizing the transfer from the state of Wyoming to the new jurisdiction is attached.

**Signature:** \_\_\_\_\_

**Date:**  
(mm/dd/yyyy)

*Print Name:*

Title:

Contact Person:

Daytime Phone Number:

Email:

Checklist

**Filing Fee: \$50.00** Make check or money order payable to Wyoming Secretary of State.

Please submit one **originally signed** document and one exact photocopy of the filing.

**Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.**



**Wyoming Secretary of State**  
 State Capitol Building, Room 110  
 200 West 24<sup>th</sup> Street  
 Cheyenne, WY 82002-0020  
 Ph. 307.777.7311  
 Fax 307.777.5339  
 Email: business@state.wy.us

## Consent to Appointment by Registered Agent

I, \_\_\_\_\_, registered office located at \_\_\_\_\_  
*(name of registered agent)*

voluntarily consent to serve

\* *(registered office physical address, city, state & zip)*

as the registered agent for \_\_\_\_\_  
*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Agent Mailing Address  
 (if different than above):

**\*If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.