



Wyoming Secretary of State
 State Capitol Building, Room 110
 200 West 24th Street
 Cheyenne, WY 82002-0020
 Ph. (307) 777-7311
 Fax (307) 777-5339
 Email: Business@wyo.gov

For Office Use Only

Statement of Resignation of Registered Agent Successor Appointed

1. This change affects all entities listed on the attached list.
2. Attached is a Statement of Change of Registered Agent/Office by Entity form ratifying and approving the appointment of the new registered agent for each entity.
3. The new registered agent is:
4. The new registered office is:
5. The resignation is effective immediately upon filing of this statement with the Wyoming Secretary of State.

I hereby resign my appointment as the Registered Agent for entities listed on the attached list.

Signature: _____
Resigning Registered Agent

Date:

Printed Name:

I hereby accept my appointment as Registered Agent for the entities listed on the attached list. I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
New Registered Agent

Date:

Printed Name:

Contact Person:

Daytime Phone Number:

Email:

Checklist

Filing Fee: Nonprofit Corporation - \$3.00 (by statute); All other business entities - No Fee
 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.



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Statement of Change By Business Entity

1. Name of the business entity:

2. Name of current registered agent and physical address of current registered office:

Current Registered Agent:

Current Registered Office:

3. Name of new registered agent and physical Wyoming address of new registered office (cannot be a PO Box):

New Registered Agent:

For consistency the Secretary of State's Office will only keep one version of the agent's name on file.

New Registered Office:

Registered Agent Mailing

Address (if different than above):

4. I hereby certify that the new registered office and the registered agent comply with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

5. The mailing address of my business should be changed to reflect the new registered office address. Yes No

6. The principal address of my business should be changed to reflect the new registered office address. Yes No

7. After the changes are made, the physical address of the registered office and business office of the registered agent will be identical.

Signature: _____
(Shall be executed by an authorized individual)

Date: _____
(mm/dd/yyyy)

Print Name: _____ Contact Person: _____

Title: _____ Daytime Phone: _____

Email: _____

Checklist

Filing Fee: Nonprofit Corporation - \$3.00 (by statute); All other business entities - No Fee

The Statement must be accompanied by a written consent to appointment executed by the registered agent.

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

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