

Wyoming Secretary of State

Herschler Building East, Suite 101 122 W 25th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311

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 attachment	ched list.		
2. Attached is an Appointment of New Registered the new registered agent for each entity.	Agent and Office form ratifying and approving the appointment of		
3. The new registered agent is:			
4. The new registered office is:			
5. The resignation is effective immediately upon f	ling 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:(Shall be executed by the Resigning Registered Agent.)			
Printed Name:	(mm/dd/yyyy)		
I hereby accept my appointment as Registered Age compliance with the requirements of W.S. 17-28-1	ont for the entities listed on the attached list. I hereby certify that I am in 01 through W.S. 17-28-111.		
Signature:	Date:		
(Shall be executed by the New Registered Agent.)	(mm/dd/yyyy)		
Print Name:	Contact Person:		
Title:	Daytime Phone Number:		

Checklist

Filing fee of \$5.00 for each affected entity. (Example: if the registered agent resigns from seven (7) business entities, the filing fee is \$35.)

(An email address is required. Email(s) provided will receive

important reminders, notices and filing evidence.)

Processing time is up to 15 business days following the date of receipt in our office.

Please mail with payment to the address at the top of this form. This form cannot be accepted via email.

Email:

Please review the form prior to submission. The Secretary of State's Office is unable to process incomplete forms.



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Appointment of New Registered Agent and Office This form is used ONLY to change the registered agent from one person/company to a different person/company.

This form is used OTVLT to change the registered agent from one person/company to a <u>uniform</u> person/company.
1. Name of the business entity: (The name of the business entity must match exactly with the Secretary of State's records.)
2. Name of former registered agent and physical address of former registered office:
(The former registered agent information provided must match exactly with the Secretary of State's records. If the business entity is without a registered agent, please list No Agent/No Office.)
Former Registered Agent:
Former Registered Office Address:
3. Name of <u>new</u> registered agent and physical Wyoming address of <u>new</u> registered office: (The new registered agent information provided must match exactly with the Secretary of State's records if the new registered agent already represents at least one other business entity.)
New Registered Agent:
New Registered Physical Office Address (must be located in Wyoming):
New Registered Agent's Mailing Address:
For consistency the Secretary of State's office will only keep one version of the agent's name and address on file.

RA-RO ChangeByEntity - Revised June 2021

•	y that the new registered office and gh W.S. 17-28-111.	the registered agent con	mply with the requirements of	of W.S.
5. The mailing a (Please check one.)	ddress of my business should be ch	nanged to reflect the new	registered office address.	
Yes	No			
6. The principal (Please check one.	address of my business should be c	hanged to reflect the ne	w registered office address.	
Yes	No			
identical. Signature:			Date:	
<u> </u>	ll be executed by an authorized individual	<u> </u>	(mm/dd/yyyy)	
Print Name:		Contact Person:		
Title:		Daytime Phone:		
Email:				
(An email	address is required. Email(s) provided w	ill receive important reminde	ers, notices and filing evidence.)	