



**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@wyo.gov](mailto: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.

**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.**