



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

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.