



Corporations & Charities Division

**Physical/Overnight address:**

801 Capital Way S  
Olympia, WA 98501-1226

**Mailing address:**

PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377  
[sos.wa.gov/corps](http://sos.wa.gov/corps)

## **INSTRUCTIONS: STATEMENT OF RESIGNATION RCW 23.95.445**

**General Instructions:** Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) a fillable .pdf version of this form is available or you can file online at [www.ccfs.sos.wa.gov](http://www.ccfs.sos.wa.gov)

**Mail:** Send the completed form and payment to the address listed above.

**Payment:** Make checks or money orders payable to “Secretary of State.” Checks cannot be backdated more than 60 days from the date the check is received.

**Fees:** There is no filing fee to resign as the Registered Agent.

**Expedited Service:** If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

### **ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.**

**(1) Business Name:** Provide the name as recorded with the Office of the Secretary of State of Washington.

**Unified Business Identifier (UBI):** Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

**(2) Current Registered Agent information:** Provide the Registered Agent information as currently recorded with the Office of the Secretary of State.

**(3) Statement of Resignation:** Sign, print, provide the signer’s title, and date the document. The signer must be the current Registered Agent as recorded with the Office of the Secretary of State of Washington. By signing the Registered Agent is resigning from performing duties for the business as outlined under [RCW 23.95.455](http://RCW 23.95.455).

**(4) Notification Address:** Provide the address where the Registered Agent has sent notice of the resignation to the business.

**(5) Return Address for this Filing:** If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent’s address.

The resignation will become effective 31 days from the date of filing or when a new Registered Agent is appointed.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division website at [sos.wa.gov/corps](http://sos.wa.gov/corps) email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call 360-725-0377.



Office of the Secretary of State  
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This Box For Office Use Only

- No Filing Fee
- To Expedite Filing, Add \$50

## STATEMENT OF RESIGNATION

[RCW 23.95.445](#)

All fields are required unless otherwise specified

### (1) BUSINESS INFORMATION:

Business Name: \_\_\_\_\_

UBI No.: \_\_\_\_\_

### (2) CURRENT REGISTERED AGENT INFORMATION: (as currently recorded with the Office of the Secretary of State)

Name: \_\_\_\_\_

<p style="text-align: center;"><b>Current Registered Agent Street Address</b> (Must be a physical address; No PO Box or PMB)</p> <p>Country: <u>United States</u>      State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>	<p style="text-align: center;"><b>Current Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u>      State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>
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### (3) STATEMENT OF RESIGNATION:

I am the agent and resign from service as registered agent for this entity.

Signature	Printed Name/Title	Date
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### (4) NOTIFICATION ADDRESS:

Attention to: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

The resignation will become effective 31 days from the date of filing or when a new Registered Agent is appointed

### (5) RETURN ADDRESS FOR THIS FILING: (Optional)

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_