



INSTRUCTIONS: STATEMENT OF RESIGNATION RCW 23.95.445

Purpose: A Statement of Resignation may be used by a currently recorded registered agent to resign from serving as the registered agent for a business entity. Please note, the resigning agent is required to send notice of their resignation to the business entity.

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/corporations a fillable .pdf version of this form is available or you can file online at <https://ccfs.sos.wa.gov>

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

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

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* \$100 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) 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) Business Name: Provide the name as recorded with the Office of the Secretary of State of Washington.

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

(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.

(6) 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.

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

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State
Corporations & Charities Division

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

☐ No Filing Fee

☐ To Expedite Filing, Add \$100

THIS BOX FOR OFFICE USE ONLY

STATEMENT OF RESIGNATION

Non-commercial Registered Agent

Commercial Registered Agent

[RCW 23.95.445](#)

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

All fields are REQUIRED unless otherwise specified

(1) UBI No.: _____

(2) BUSINESS ENTITY NAME: _____

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

Name: _____

Street Address: <i>(required)</i>	Mailing Address: <i>(optional)</i>
Must be a physical address; No PO Box or PMB	<input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____	Address : _____
Zip: _____ City: _____	Zip: _____ City: _____

(4) NOTIFICATION ADDRESS: *the person or business and address where notification of resignation was sent*

Attention to: _____

Address: _____

City: _____ State: _____ Zip: _____

(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: _____

(6) STATEMENT OF RESIGNATION:

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

Signature of Registered Agent	Printed Name	Date
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