

Please
Do Not
Staple



KANSAS SECRETARY OF STATE
Certificate of Resignation of Resident Agent Without Appointing a Successor
Instructions

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

<input type="checkbox"/> Filing fee	The filing fee for this document is \$35 for a single for profit covered entity or \$20 for a single not-for-profit covered entity. The filing fee is \$150 for multiple entities.
<input type="checkbox"/> Bulk resignations	If filing resignations for more than one entity, answer questions 1 and 2 with “see attached,” and include an attached page listing the business entity ID# (not its FEIN), and the exact name of the business entity as it appears in the Secretary of State database.
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will be rejected. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution.
<input type="checkbox"/> Fax filing available	Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include on the cover sheet: contact name, daytime phone number, credit card number, credit card expiration date and billing zip code. Fax documents and payment information to Business Services, 785-296-4570 . Faxed documents will receive that day’s file date if they are without errors and received prior to 4 PM CST. Processed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day activation or return faxing.
<input type="checkbox"/> Contact phone number	We do not require phone numbers by statute, but some errors can be corrected with permission. Including a phone number may expedite processing of your documents.
<input type="checkbox"/> No duplicate copies	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> No email	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> No filing by phone	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> No staples	All documents are electronically scanned as part of the filing process. To expedite processing, please do not use staples on your documents or payment.
<input type="checkbox"/> Public Information	All information filed with our office is available to the public, and much of it may be viewed online without cost. Please consider this when providing information on our forms.

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Agent Without Appointing a Successor**

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THIS SPACE FOR OFFICE USE ONLY.

Pursuant to the provisions of the Business Entity Standard Treatment Act, the undersigned resident agent for service of process, hereby resigns as resident agent in the state of Kansas for the following business entity(ies):

1. Business entity ID number:
Not Federal Employer ID Number (FEIN).

[Empty box for Business entity ID number]

2. Name of entity:
Must match name on record with Secretary of State.

[Empty box for Name of entity]

3. Current resigning resident agent name:
Must match name on record with Secretary of State.

Resident Agent

4. Attached hereto is the required Affidavit of Resident Agent.

5. Such resignation shall not become effective until 60 days after the certificate is filed with the office of the Kansas Secretary of State.

6. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Name of Resigning Resident Agent/Authorized Representative	Title
Signature of Resigning Resident Agent/Authorized Representative	

X

Affidavit of Such Resident Agent

Current Resident Agent

_____ hereby states that at least thirty (30) days prior to the date of the filing of the certificate of resignation, notice of the resignation of the resident agent was sent by certified or registered mail to each covered entity(ies) which the resident agent is resigning as resident agent. The notice was sent to the principal office within or outside the state of Kansas or if not so known, to the last known address of the individual at whose request the resident agent was appointed for such entity.

Signature of Resigning Resident Agent/Authorized Representative

X

State of _____

County of _____

Subscribed and sworn to before me (a notary public) on _____ day of _____ 20 _____,

by _____.

(Resident Agent/Authorized Representative)

Notary Stamp

X

Signature of Notary Public