



STATEMENT OF RESIGNATION OF REGISTERED AGENT

State Form 26285 (R12 / 05-24)

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- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Submit original completed paperwork to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	





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Indiana Code 23-0.5-4-9

NO FILING FEE

STATEMENT OF REGISTERED AGENT

The undersigned, desiring to resign as the registered agent for the below-named entity, pursuant to the provisions of Indiana Code 23-0.5-4-9, executes the following Statement of Resignation of Registered Agent.

Name of entity

Address of entity to which the registered agent will send notice of the resignation (*number and street*)

City

State

ZIP code

Name of registered agent

Resignation statement (*Check one.*)

- I hereby resign the appointment as the Registered Agent for the above entity.
- I never consented to the appointment of Registered Agent for the above entity and request that I be removed from the record.

In Witness Whereof, the undersigned, being the registered agent of said entity, executes this notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature

Printed name

Title

By filing this Statement of Resignation of Registered Agent, the agent resigns from serving as registered agent for the entity. This filing is effective on the earlier of the thirty-first (31st) day after it is filed with the Secretary of State's office or the designation of a new registered agent by the entity.