



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Statement of Resignation of Registered Agent SRA
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS Chapter 14A and 271B, 273, 274, 275, 362 or 386, the undersigned applies for resignation of registered agent and, for that purpose, submits the following statements:

1. I, _____, do hereby

- ☐ resign as registered agent; and/or
☐ discontinue the registered office address

2. The business entity which I am resigning from is _____,
(The name must be identical to the name on record with the Secretary of State.)

3. The business is:
- ☐ a corporation (KRS 271B, KRS 273 or KRS 274);
 - ☐ a limited liability company (KRS 275);
 - ☐ a limited partnership (KRS 362);
 - ☐ a limited liability partnership (KRS 362); or
 - ☐ a business trust (KRS 386)

4. The business entity was organized and exists in the state or country of _____.

5. The mailing address of the resigning agent:

Street Address or Post Office Box Numbers	City	State	Zip
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6. The agency appointment shall be terminated and the registered office discontinued, if so provided, on the 31st day after the date on which the statement is filed.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Registered Agent	Printed Name	Date
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**FILING INSTRUCTIONS
STATEMENT OF RESIGNATION OF REGISTERED AGENT**

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

WHO MAY SIGN

The document must be signed by the registered agent.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

There is no filing fee for filing this document.

MAILING ADDRESS

Michael Adams
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.