RESIGNATION OF REGISTERED AGENT
COUPLED WITH
APPOINTMENT OF SUCCESSOR
(OKLAHOMA & FOREIGN CORPORATION)

Filing Fee: $25.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

I hereby execute the following articles for the purpose of resigning the current registered agent of an Oklahoma or foreign corporation and appointing a successor registered agent pursuant to the provisions of Title 18, Section 1025:

1. Name of the corporation:

_____

2. State or other jurisdiction of its formation: _____

3. Upon the filing of this statement with the Secretary of State, the capacity of the undersigned as such registered agent shall terminate, and the **successor agent** and the address of the registered office for said corporation shall be:

			Oklahoma	
Name	**Street Address**	**City**	**State**	**Zip Code**

(P.O. BOXES ARE NOT ACCEPTABLE)

The undersigned, designated registered agent in the State of Oklahoma, is unwilling to continue to act as agent of said corporation for service of process.

This statement must be signed by BOTH the resigning registered agent AND the authorized officer of said corporation.

This section must be completed by the resigning registered agent.
(COMPLETE ONLY THE ACKNOLEDGEMENT WHICH APPLIES.)

INDIVIDUAL ACKNOWLEDGEMENT

- Signature: _____ Dated: _____
- Printed Name: _____
  - ❖ Registered Agent is an Individual, Limited Liability Company, or Limited Partnership.

(SECOND PAGE OF FORM MUST BE SIGNED AND DATED)

CORPORATION ACKNOWLEDGEMENT

Signed this _____ day of _____, _____ by:

_____
Signature

_____
Printed Name and Title

IN ADDITION, this section must be completed on behalf of said corporation filing the resignation of registered agent coupled with appointment of successor.

Signed this _____ day of _____, _____ by:

_____
Signature

_____
Printed Name and Title

Oklahoma Secretary of State
Request to receive documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)