RESIGNATION
OF
REGISTERED AGENT
(FOREIGN CORPORATION)

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

Filing Fee: $25.00

Pursuant to the provisions of Title 18, Section 1133, the undersigned, designated **registered agent** in the state of Oklahoma for:

_____,

a foreign corporation, hereby declares that they are unwilling to continue to act as agent for service of process for said corporation.

The state or jurisdiction of the corporation's formation is _____.

On the _____ day of _____, _____, which is at least thirty (30) days **prior** to the filing of this resignation, due notice of such resignation of registered agent was mailed or delivered to the corporation at:

_____,

being the address last known to the undersigned registered agent.

Said agent requests that his capacity as such agent shall terminate thirty (30) days after the filing of this statement with the Secretary of State.

This statement must be signed by the resigning registered agent.

(COMPLETE ONLY THE ACKNOWLEDGEMENT WHICH APPLIES.)

INDIVIDUAL ACKNOWLEDGEMENT

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

CORPORATION ACKNOWLEDGEMENT

- **Signed this _____ day of _____, _____ by:**

Attested to by:

_____ _____

Signature of **Secretary** or **Assistant Secretary** Signature of **President** or **Vice President**

_____ _____

Printed Name Printed Name

(SOS FORM 0060-07/26)

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)