

RAN

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

**INSTRUCTIONS FOR FILING
CERTIFICATE OF AMENDMENT OF
RESIGNATION**

**SUBMIT THE DOCUMENTS
WITHOUT THIS PAGE**

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.

A notice must be either mailed or hand delivered to each of the affected covered businesses indicating the resident agent's intent to resign and must be completed 30 days prior to filing the certificate of resignation of resident agent to the Kansas Secretary of State's Office.

How to complete the certificate of resignation of resident agent without appointing a successor:

Each of the numbered instructions below corresponds to a section on the form.

1. List the business's ID number issued by the Kansas Secretary of State (This is not a tax ID number). If the resignation affects multiple businesses, write "see attached" in this section and provide an attachment with this information. ID numbers may be found at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
2. Provide the complete legal business name, including words of formation (e.g., LLC, Inc., etc.) If the resignation affects multiple businesses, write "see attached" in this section and provide an attachment with this information. The business name may be reviewed online by searching for the business at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
3. Provide the name of the resident agent exactly as it appears on file for the business named in section 2. If the resignation affects multiple businesses, the resident agent must match exactly as it appears for all businesses affected by the resignation.
4. Select one of the two options provided. Select option a if affecting a resignation for multiple businesses and provide an attachment with the stated information. Option b must be selected if affecting a resignation for a single business.
5. Provide the date the notice was either mailed or hand delivered to each of the businesses affected by the resignation. This date must be at least 30 days prior to the filing of the certificate of resignation.
6. Either the resident agent or an authorized representative of the resident agent must sign.

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Fee Schedule

**Certificate of Amendment of Resident Agent without
Appointing a Successor**

The filing fee for the Certificate of Amendment of Resident Agent
Without Appointing a Successor is as follows:

Filing fees for one business:

Not-for-profit corporations..... \$20
All other businesses \$35

Filing fees for bulk (multiple) businesses:

All businesses:..... \$150

Mail to:

Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make
checks payable to the Kansas Secretary of State. Once processing
the Certificate of Amendment of Resignation is completed, a certified
copy of the Certificate of Amendment of Resignation will be mailed to
the address of the sender.

CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

Note: The credit/debit card information will be destroyed upon the filing of the document.

Contact Information

Contact Person

Direct Phone Number for Contact Person

Payment Information

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV (3 or 4 digit security code on back of card)

Billing Zip Code



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Kansas Secretary of State
 Docking State Office Building
 915 SW Harrison Street
 Topeka, KS 66612

(785) 296-4564
 kssos@ks.gov
 https://sos.ks.gov

Pursuant to the provisions of K.S.A. 17-7929, the undersigned resident agent for service of process hereby resigns as resident agent in the state of Kansas for one or more of the following covered businesses:

1. Business entity ID/file number: Kansas Secretary of State issued file number.									
2. Name of business: Must match name on file with the Kansas Secretary of State.									
3. Resigning resident agent name: Must match name currently on file with Secretary of State for the business named in section 2.									
4. Select only one of the following:	<input type="checkbox"/> a. Bulk Resignations Only: The resignation affects multiple businesses. An attachment is provided listing the names of the affected businesses and either the name(s) and address(es) for each, or an indication that a name and address is not known. OR <input type="checkbox"/> b. One Resignation Only: The last known officer, director, employee, or designated agent for the business named in section 2 is (leave blank if an officer, director, employee, or designated agent is not known):								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="2" style="padding: 2px;">Address</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip</td> <td style="padding: 2px;">Country</td> </tr> </table>		Name		Address		City	State	Zip	Country
Name		Address							
City	State	Zip	Country						

Written notice of resignation was given to each affected covered business at least 30 days prior to the filing of this certificate by mailing or delivering such notice to the covered business at its address last known to the resident agent.

5. Date such notice was mailed or delivered to the covered business:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Month</td> <td style="width: 33%; padding: 2px;">Day</td> <td style="width: 33%; padding: 2px;">Year</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Month	Day	Year				Required: This certificate cannot be filed with the office of the Secretary of State until 30 days after written notice was mailed or delivered to all affected covered businesses.
Month	Day	Year						

The resident agent's resignation shall not become effective until 30 days after this 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.
Signature of Resigning Resident Agent /Authorized Representative X