

**The Commonwealth of Massachusetts**

**William Francis Galvin**

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

**Statement of Resignation  
of Registered Agent**

**(General Laws Chapter 156D, Section 5.03 and Section 15.09; 950 CMR 113.23)**

Name of registered agent: \_\_\_\_\_

Exact name of corporation: \_\_\_\_\_

Current registered office address: \_\_\_\_\_

*(number, street, city or town, state, zip code)*

The above named registered agent hereby resigns his appointment as registered agent of the corporation.

The registered office address will:

*(Check appropriate box)*

also be discontinued.

remain the same.

It is hereby certified that a copy of this statement of resignation shall be furnished to the corporation pursuant to G. L. Chapter 156D, Section 5.03 and Section 15.09.

The appointment is terminated, and the registered office discontinued, if so provided, on the thirty-first day after the date on which the statement is filed, unless a later effective date not more than 90 days from the date and time of filing is specified: \_\_\_\_\_

Signed by: \_\_\_\_\_,

*(signature of registered agent)*

on this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_.

**COMMONWEALTH OF MASSACHUSETTS**

**William Francis Galvin**  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

**Statement of Resignation  
of Registered Agent  
(General Laws Chapter 156D, Section 5.03 and  
Section 15.09; 950 CMR 113.23)**

I hereby certify that upon examination of this statement of resignation, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said statement; and the filing fee in the amount of \$\_\_\_\_\_ having been paid, said statement is deemed to have been filed with me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ a.m./p.m.  
*time*

Effective date: \_\_\_\_\_  
*(must be within 90 days of date submitted)*

**WILLIAM FRANCIS GALVIN**  
*Secretary of the Commonwealth*

Filing fee: \$25 for paper or fax filings.

**TO BE FILLED IN BY CORPORATION**  
Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Upon filing, a copy of this filing will be available at [www.sec.state.ma.us/cor](http://www.sec.state.ma.us/cor).  
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.