



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Certificate of Resignation of Officer, Director, Manager, Member, General Partner, Trustee or Subscriber

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

INSTRUCTIONS:

1. Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).
2. Name and title(s) of person that desires to resign.
3. SIGNATURE(S): Must be signed by Authorized Signer. Form will be returned if unsigned.

Resignation of one person from one entity per form.

If resigning from the position of registered agent, a separate Registered Agent Resignation form must be submitted with appropriate fee.

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: <input style="width: 90%; height: 20px;" type="text"/> Entity or Nevada Business Identification Number (NVID): <input style="width: 80%; height: 20px;" type="text"/>
2. Name and title(s):	Name: <input style="width: 90%; height: 20px;" type="text"/> Title(s): <input style="width: 45%; height: 20px;" type="text"/> <input style="width: 45%; height: 20px;" type="text"/> <input style="width: 45%; height: 20px;" type="text"/> <input style="width: 45%; height: 20px;" type="text"/>
3. Signature: (Required)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <input style="width: 150px; height: 20px;" type="text"/> Date </div> <div style="text-align: center;"> X _____ Signature </div> </div>

This form must be accompanied by appropriate fees.

