FORM **NFP 105.15**
NOTICE OF RESIGNATION OF REGISTERED AGENT
General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-7808
www.cyberdriveillinois.com

Payment must be made by check or money order payable to Secretary of State.

Filing fee $5 File # _____ Approved: _____

———— Submit in duplicate ———— Type or Print clearly in black ink ———— Do not write above this line ————

1. Corporation Name: _____

2. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State:

   Registered Agent: _____
   First Name Middle Name Last Name

   Registered Office: _____
   Number Street Suite # (P.O. Box alone is unacceptable)

   _____
   City ZIP Code County

3. Effective date of resignation: ☐ The agent resigns effective the 30th day after filing by the Secretary of State.
   ☐ Another date not less than 30 days after the filing by the Secretary of State.

   _____. (See Note 1.)
   Month/Day/Year

4. Address of Principal Office of Corporation known to the Registered Agent:

   _____
   Number Street Suite # (P.O. Box alone is unacceptable)

   _____
   City State ZIP Code

5. A copy of this notice has been sent to the principal office of the corporation at least 10 days prior to the date of its filing with the Secretary of State.

6. The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.

   Dated _____ , _____
   Month Day Year

   by _____ by _____
   Signature of Principal Officer (See Note 3.) Signature of Registered Agent (See Note 2.)

   by _____ by _____
   Name (type or print) Name (type or print)

NOTE: 1. Add additional time if mailing the form.
2. If registered agent is an individual, this notice shall be signed by the registered agent.
3. If registered agent is a business entity, this notice shall be signed by a principal officer, or as authorized by the governing statute.