NONPROFIT CORPORATION

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

STATEMENT OF RESIGNATION

	(Name of Corporation as it appears	on the records of the	Secretary of State)
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Filing Fee \$15.00			
	Deputy Secretary of State		
	= -F,		
A True Copy When Attested By Signature			
	• •		
	Deputy Secretary of State		

Pursuant to 5 MRSA §111, the undersigned noncommercial registered agent executes and delivers the following statement of resignation from serving as agent for service of process for this nonprofit corporation:

FIRST:	The name and address of the resigning noncommercial reg State's office:	istered agent as it appears on the record in the Secretary of			
	(name of current noncommercial registered agent)				
	(physical street address, city, state and zip code – as it appears on the record)				
SECOND:	The name and address of the person to which the noncom	mercial registered agent will send the required notice to:			
	(insert name)				
	at				
	(mailing address including zip code)				
	the	of the corporation.			
	(title of corporate officer				
Dated					
	_	(signature of noncommercial registered agent)			
	_	(type or print name)			

Pursuant to 5 MRSA §111.3, the registered agent shall promptly furnish the represented entity notice in a record of the date on which a statement of resignation was filed.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

Division of Corporations, UCC and Commissions 101 State House Station, Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Correction, etc.) Attach additional pages as needed.	s of Merger, Articles of Amendment, Certificat
Special handling request(s): (check all that apply) Hold for pick up	
Expedited filing - 24 hour service (\$50 addition Expedited filing - Immediate service (\$100 add Total filing fee(s) enclosed: \$	litional filing fee per entity, per service g(s), please call or email: (failure to provide
contact name and telephone number of email address will result in the feturn of the	serioneous filling (s) by the secretary of state's offi
(Name of contact person)	(Daytime telephone number)
(Name of contact person) (Email address)	(Daytime telephone number)
<u> </u>	
(Email address) The enclosed filing(s) and fee(s) are submitted for filing. Please returns.	urn the attested copy to the following
(Email address) The enclosed filing(s) and fee(s) are submitted for filing. Please retu address:	urn the attested copy to the following

(City, State & Zip)