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Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

**Statement of Correction:
Registered Agent Has Not Consented**

filed pursuant to § 7-90-305 and § 7-90-703 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number and the entity name, or, if the entity does not have an entity name, the true name are

Entity ID number

_____ *(Colorado Secretary of State ID number)*

Entity name or true name

2. The document number of the filed document that is corrected is _____.

3. The person identified as registered agent in the document identified above has not consented to be appointed as the registered agent or is otherwise not the registered agent for the entity.

The name of such person as stated in the document identified above is

Name

(if an individual)

_____ *(Last)* _____ *(First)* _____ *(Middle)* _____ *(Suffix)*

OR

(if an entity)

4. *(If applicable, adopt the following statement by marking the box.)*

The person has delivered notice of the correction to the entity.

5. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

_____	_____	_____	_____
(Last)	(First)	(Middle)	(Suffix)

(Street number and name or Post Office Box information)			

_____	_____	_____	
(City)	(State)	(Zip/Postal Code)	
_____		_____	
(Province – if applicable)		(Country)	

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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