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Statement of Change
Changing the Registered Agent Information
filed pursuant to § 7-90-305.5 and § 7-90-702 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. *(If applicable, adopt the following statement by marking the box and enter all changes.)*

The registered agent name has changed.

Such name, as changed, is

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)

OR

(if an entity) _____
(Caution: Do not provide both an individual and an entity name.)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

3. *(If applicable, adopt the following statement by marking the box and enter all changes.)*

The registered agent address of the registered agent has changed.

Such address, as changed, is

Street address _____
(Street number and name)

(City) CO (State) (ZIP Code)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) CO (State) (ZIP Code)

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

The person appointed as registered agent has delivered notice of the change 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.

6. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

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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.

7. 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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