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### Statement of Change

filed pursuant to [§7-90-301](#), et seq. and [§7-90-305.5](#) or [§7-90-604](#) or [§7-90-701](#) or [§7-90-702](#) or [§7-90-705](#) or  
[§7-90-804](#) of the Colorado Revised Statutes (C.R.S)

ID number: \_\_\_\_\_

1. Entity name:

\_\_\_\_\_

2. True name:

(if different from the entity name)

\_\_\_\_\_

**Complete lines 3 - 15 as applicable. You must complete line 16.**

3. Resignation of registered agent of record:

Date on which agent resigned:

\_\_\_\_\_

(mm/dd/yyyy)

Registered agent: (if an individual)

\_\_\_\_\_

(Last)

(First)

(Middle)

(Suffix)

**OR** (if a business organization)

\_\_\_\_\_

Registered agent street address:

\_\_\_\_\_

(Street name and number)

\_\_\_\_\_

(City)

**CO**

(State)

(Postal/Zip Code)

The person appointed as registered agent has delivered notice of the change to the entity at the principal  
office address of its principal office.

4. Appointment of new registered agent following resignation of registered agent of record:

Registered agent: (if an individual)

\_\_\_\_\_

(Last)

(First)

(Middle)

(Suffix)

**OR** (if a business organization)

\_\_\_\_\_

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

Registered agent street address:

\_\_\_\_\_

*(Street name and number)*

\_\_\_\_\_

\_\_\_\_\_ **CO** \_\_\_\_\_

*(City) (State) (Postal/Zip Code)*

Registered agent mailing address:  
(if different from above)

\_\_\_\_\_

*(Street name and number or Post Office Box information)*

\_\_\_\_\_

\_\_\_\_\_

*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_

*(Province – if applicable) (Country – if not US)*

5. Change of registered agent name and/or address of record:

Registered agent: (if an individual)

\_\_\_\_\_

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

**OR** (if a business organization)

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

Registered agent street address:

\_\_\_\_\_

*(Street name and number)*

\_\_\_\_\_

\_\_\_\_\_ **CO** \_\_\_\_\_

*(City) (State) (Postal/Zip Code)*

Registered agent mailing address:  
(if different from above)

\_\_\_\_\_

*(Street name and number or Post Office Box information)*

\_\_\_\_\_

\_\_\_\_\_

*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_

*(Province – if applicable) (Country – if not US)*

If the change is being effected by the registered agent, the following statement applies:

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

6. Change of principal office address of record:

New principal office  
street address:

\_\_\_\_\_

*(Street name and number)*

\_\_\_\_\_

\_\_\_\_\_

*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_

*(Province – if applicable) (Country – if not US)*

New principal office

mailing address:  
(if different from above)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country – if not US)*

7. Document number:  
(required for change(s) to 8, 9, 10,  
and/or 11 below) \_\_\_\_\_

8. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):  
New entity name: \_\_\_\_\_

9. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):  
New true name: \_\_\_\_\_

10. Change of jurisdiction of formation of record (foreign entity only):  
New jurisdiction of formation: \_\_\_\_\_

11. Change of entity form of record (foreign entity only):  
New entity form: \_\_\_\_\_

12. Other change(s) not provided for above:  
  
If other information contained in the filed document is being changed, mark this box  and include an attachment stating the information to be changed and each such change.  
If other information is being added or deleted, mark this box  and include an attachment stating each addition or deletion.

13. Withdrawal of Statement of Registration of True Name: (if applicable, mark this box )

14. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

<input type="checkbox"/>	“bank” or “trust” or any derivative thereof		
<input type="checkbox"/>	“credit union”	<input type="checkbox"/>	“savings and loan”
<input type="checkbox"/>	“insurance”, “casualty”, “mutual”, or “surety”		

15. (Optional) Delayed effective date: \_\_\_\_\_  
*(mm/dd/yyyy)*

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_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
_____			
<i>(Street name and number or Post Office Box information)</i>			
_____			
_____	_____	_____	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
_____	_____		
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>		

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