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**Statement of Correction Correcting Information Other Than Principal Office Address  
or Registered Agent Information**

filed pursuant to [§7-90-305](#) of the Colorado Revised Statutes (C.R.S.)

Document number \_\_\_\_\_  
(of filed document to be corrected)

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

1. Entity name \_\_\_\_\_

2. True name \_\_\_\_\_  
(if different from the entity name)

**The corrected statement(s) below correct(s) the corresponding incorrect statement(s) that is/are  
contained in the filed document identified by the document number above.**

**Complete the following sections as applicable. Leave the section blank if it does not apply. You must  
complete section 15.**

3. Corrections made below are intended to update the entity's current information

**OR**

Corrections made below are intended for historical purposes only, and not to update the entity's  
current information .

4. Correction of entity name of record \_\_\_\_\_

5. Correction of true name of record \_\_\_\_\_

6. Correction of entity form of record \_\_\_\_\_

7. Correction of jurisdiction of formation  
of record \_\_\_\_\_

8. Correction of delayed effective date of record  
(only for filed documents that have not become effective)

\_\_\_\_\_ *(mm/dd/yyyy)*

9. Correction of period of duration of record

If the entity's period of duration as corrected is perpetual, mark this box

**OR**

If period of duration is less than perpetual, state the date on which the period of duration expires:

\_\_\_\_\_ *(mm/dd/yyyy)*

10. If other information contained in the filed document is being corrected, mark this box  and include an attachment stating the information to be corrected and each such correction.

11. Correction regarding unauthorized filed document (if the filed document should not have been filed, mark this box  and include an attachment stating each incorrect statement that is corrected by the statement of correction).  
*(only for filed documents that have become effective)*

12. If this statement of correction affects another record in the records of the Secretary of State, mark this box  and include an attachment stating the entity name, true name, trade name, or trademark and the identification number of that record.

13. If this statement of correction affects this record's status, mark this box .

14. *(If this statement of correction revokes a filed document that states a delayed effective date but has not yet become effective, adopt the following statement by marking the box.)*  
 The filed document is revoked.

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

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