

**Form must be filed electronically.**

Paper forms are not accepted.

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

**Statement of Change Changing the Jurisdiction**

filed pursuant to §7-90-305.5 and §7-90-804 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number, entity name, and true name if applicable are

ID number

\_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name

\_\_\_\_\_

True name

\_\_\_\_\_

2. The document number of the filed document being changed is \_\_\_\_\_.
3. The jurisdiction under the law of which the entity is formed has changed.
4. The jurisdiction as changed is \_\_\_\_\_.
5.  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 the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the 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 named in the document as one who has caused it to be delivered.

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

\_\_\_\_\_  
*(Last)*

\_\_\_\_\_  
*(First)*

\_\_\_\_\_  
*(Middle)*

\_\_\_\_\_  
*(Suffix)*

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

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

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

\_\_\_\_\_  
*(Province – if applicable)*

\_\_\_\_\_  
*(Country – if not US)*

*(If the following statement applies, adopt the 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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