Statement of Change
Changing the Principal Office Address
filed pursuant to § 7-90-305.5 and § 7-90-705 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 entity’s principal office address has changed.

   Such address, as changed, is

   Street address
   ______________________________________________________
   ______________________________________________________
   ____________________________    ____    ____________________
   (City) (State) (ZIP/Postal Code)
   ______________________________________________________
   ______________________________________________________
   ____________________________    ____    ____________________
   (Province – if applicable) (Country)

   Mailing address
   (leave blank if same as street address)

   (Street number and name or Post Office Box information)
   ______________________________________________________
   ______________________________________________________
   ____________________________    ____    ____________________
   (City) (State) (ZIP/Postal Code)
   ______________________________________________________
   ______________________________________________________
   ____________________________    ____    ____________________
   (Province – if applicable) (Country)

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

   □ This document contains additional information as provided by law.

4. (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)

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.

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

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☐ 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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