

**Form must be filed electronically.**

Paper forms are not accepted.

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

**Statement of Change Removing the Assumed Entity Name**  
filed pursuant to §305.5 and §804 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number and assumed entity name are

ID number

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

Assumed entity name

\_\_\_\_\_

2. The true name is

\_\_\_\_\_

3. The document number of the filed document being changed is

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

4. The assumed entity name is removed.

5.  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 is/are \_\_\_\_\_ *(mm/dd/yyyy hour:minute am/pm)*

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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.

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7. 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 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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