

**Form must be filed electronically.**

Paper forms are not accepted.

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**Statement of Change of Trade Name Information  
Changing the Principal Address**

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

1. The entity ID number, if applicable, the trade name ID number, the name of the person transacting business or conducting activities under the trade name, and such trade name as stated in the statement of trade name are

Entity ID number  
*(if applicable)*

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

Trade name ID number

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

Name

\_\_\_\_\_

Trade name

\_\_\_\_\_

2. The document number of the filed document that is changed is \_\_\_\_\_.

3. *(If applicable, adopt the following statement by marking the box and enter all changes.)*

The street address of such person's principal address has changed.

Such street address, as changed, is

Street address

\_\_\_\_\_  
*(Street number and name)*

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

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

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

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

\_\_\_\_\_  
*(Country)*

4. *(If applicable, adopt the following statement by marking the box. Enter all changes OR mark the box to remove the mailing address.)*

The mailing address of such person's principal address has changed.

Such mailing address, as changed, is

Mailing address

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

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

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

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

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

\_\_\_\_\_  
*(Country)*

*(If applicable, adopt the following statement by marking the box.)*

The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

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

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

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

|   |           |                   |          |
|---|-----------|-------------------|----------|
| (Last)  | (First)   | (Middle)          | (Suffix) |
| (Street number and name or Post Office Box information) |           |                   |          |
|   |           |                   |          |
| (City)  | (State)   | (Postal/Zip 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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