

**Form must be filed electronically.**

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**Statement of Change of Trademark Information  
Changing the Registered Agent Information**

filed pursuant to § 7-90-305.5 and § 7-90-702 of the Colorado Revised Statutes (C.R.S.)

1. The trademark ID number, the true name of the trademark registrant, and the trademark as stated in the statement of trademark registration are

Trademark ID number

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

True name

\_\_\_\_\_

Trademark

\_\_\_\_\_

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 registered agent name has changed.

Such name, as changed, is

Name

(if an individual)

\_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

**OR**

(if an entity)

*(Caution: Do not provide both an individual and an entity name.)*

\_\_\_\_\_

The person appointed as registered agent has consented to being so appointed.

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

The street address of such registered agent has changed.

Such street address, as changed, is

Street address

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

\_\_\_\_\_

\_\_\_\_\_  
*(City) CO (State) (Zip Code)*

5. *(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 registered agent has changed.

Such mailing address, as changed, is

Mailing address

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

\_\_\_\_\_

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (Zip Code)

- (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.

6. (If the registered agent address or the registered agent name of the registered agent, or both, have changed and the registered agent is the person delivering this document for filing, the following statement applies.)

The person appointed as registered agent has delivered notice of the change to the entity or other applicable person.

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

- This document is delivered for filing to comply with section 7-90-702 (2), C.R.S. and does not change the registered agent information currently of record.

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

- This document contains additional information as provided by law.

9. (**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.

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10. 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) (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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