## Form must be filed electronically.

Paper forms are not accepted.

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

## Statement of Change Regarding Resignation or Other Termination of Registered Agent

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

1. The entity ID number and the entity na	ame, or, if the entity does i	not have an entity na	me, the true name are	•	
Entity ID number	(Colorado Secretary of State IE	number)	0		
Entity name or True name					
2. The date on which such registered ager	nt resigned or otherwise co	eased to be the regist	ered agent is		
(mm/dd/yyyy)		7			
3. The registered agent has resigned or ot	therwise is no longer the re	egistered agent.			
The name and address of such registered	ed agent are				
Name (if an individual)					
OR	(Last)	(First)	(Middle) (Sug	fix)	
(if an entity) (Caution: Do not provide both an indiv	idual and an entity name.)				
Street address	(Street number and name)				
		CO			
	(City)	(State)	(Zip Code)		
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
		<u>CO</u>			
	(City)	(State)	(Zip Code)		
4. (If applicable, adopt the following statement by mo		ne entity.			
5. ( <i>If applicable, adopt the following statement by ma</i> This document contains additional					

legal consequences. Read instructions before e	entering a date.)	0 ,	J	0 3	
(If the following statement applies, adopt the statement The delayed effective date and, if applications		are			
		(mm/dd/	yyyy hour:minute a	(m/pm)	
Notice:					
Causing this document to be delivered to the acknowledgment of each individual causing such individual's act and deed, or that such in of the person on whose behalf such individu conformity with the requirements of part 3 documents and the organic statutes, and that document are true and such document compand the organic statutes.  This perjury notice applies to each individual State, whether or not such individual is identity.  The true name and mailing address of the	g such delivery, under penal individual in good faith belt all is causing such document of article 90 of title 7, C.R. st such individual in good fablies with the requirements all who causes this document at tifled in this document as of	Ities of perjury, the ieves such document to be delivered. S. and, if application that Part, the control of that Part, the control of the delivered one who has cause.	nat such document is the act for filing, take ble, the constituent document to the Secretar distribution of the Secretar distributio	nent is and deed en in tuent such cuments, ary of ivered.	
-	(Last)	(First)	(Middle)	(Suffix)	
_	(Street number and	name or Post Office Box information)			
_	(City)	(State)	(ZIP/Postal C	ode)	
_	(Province – if applicable)	(Country)	•		
(If applicable, adopt the following statement by This document contains the true nan causing the document to be delivered Disclaimer:	ne and mailing address of o		ional individu	als	

6. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant

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