Form must be filed electronically.

Paper forms are not accepted.

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Statement of Change of Trade Name Information Changing the Jurisdiction

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

P 3 · · ·	5-303.5 of the colorado Revised B	tatates (C.R.S.)	
1. The trade name ID number, the name of trade name, and the trade name as stated			er the
Trade Name ID number			7,
	(Colorado Secretary of State ID number)		
Name			
Trade name			
2. The document number of the filed docu	ument that is changed is	9	
3. The jurisdiction under the law of which	the entity is formed has changed.		
4. Such jurisdiction, as changed, is			
5. (If applicable, adopt the following statement by mark			
6. (Caution: <u>Leave blank</u> if the document does n legal consequences. Read instructions before		ζ a delayed effective date has s	ignificant
(If the following statement applies, adopt the statem The delayed effective date and, if applications applied to the statement applied to the stat			·
		(mm/dd/yyyy hour:minute an	n/pm)
Notice:			
Causing this document to be delivered to the acknowledgment of each individual causing such individual's act and deed, or that such of the person on whose behalf such individual conformity with the requirements of part 3 documents and the organic statutes, and the document are true and such document command the organic statutes.	ng such delivery, under penalties on individual in good faith believes dual is causing such document to be of article 90 of title 7, C.R.S. and at such individual in good faith be	f perjury, that such document is the act a see delivered for filing, take it, if applicable, the constitutions the facts stated in such as the constitution of the con	ent is nd deed n in lent uch
This perjury notice applies to each individ State, whether or not such individual is ide 7. The true name and mailing address of t	entified in this document as one w	ho has caused it to be deliv	ered.
	(Last) (F	irst) (Middle)	(Suffix)
	(Street number and name o	r Post Office Box information)	

	(City)	(State)	(Zip/Postal Code)
	(Province – if applicable)	(Country – if not	·
(If applicable, adopt the following statemen	t by marking the box and include an at	tachment.)	
This document contains the true	name and mailing address of	one or more addi	itional individuals
causing the document to be deliv	ered for filing.		

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