Form must be filed electronically.

Paper forms are not accepted. This copy is a sample and cannot be submitted for filing.

Statement of Change of Trademark Information 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 trademark ID number, the true name of the 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 do	cument that is changed is	,)		·	
3. The registered agent has resigned or i	s otherwise no longer the reg	gistered agent.			
4. The name and address of such registe	ored agent are				
Name (if an individual)					
OR	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (<i>Caution: Do not provide both an ind</i>	ividual and an entity name.)				
Street address	(Street number and name)				
	(City)	<u> </u>	(Zip Code)		
Mailing address					
(leave blank if same as street address)	ave blank if same as street address) (Street number and name or Post Office Box information				
		<u></u>			
	(City)	(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.

- 5. The date on which such registered agent resigned or otherwise ceased to be the registered agent is
 - (mm/dd/yyyy)

- 6. Such 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 filed for historical purposes only 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.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

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

	(Last)	(First)	(Middle)	(Suffix)	
1.1	(Street number and name or Post Office Box information)				
\mathbf{V}	(City)	(State)	(Zip/Postal Co	ode)	
	(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.

Disclaimer:

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