



Colorado Secretary of State
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Statement of Change 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 entity ID number and the entity name, or, if the entity does not have an entity name, the true name are

Entity ID number 19901082354
(Colorado Secretary of State ID number)

Entity name or True name CORPORATION SERVICE COMPANY

2. (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) THE PRENTICE-HALL CORPORATION SYSTEM, INC.
(Caution: Do not provide both an individual and an entity name.)

(The following statement is adopted by marking the box.)

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

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

☒ The registered agent address of the registered agent has changed.

Such address, as changed, is

Street address 1560 Broadway
(Street number and name)
Suite 2090
Denver CO 80202
(City) (State) (ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

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

☒ The person appointed as registered agent has delivered notice of the change to the entity.

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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Mulligan Lisa _____
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(City) (State) (ZIP/Postal Code)
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(Province – if applicable) (Country)

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