	ENT# A	.9Ż - 50	ų				
. Entity Name	BARLOW FAMIL		PARTNERSHIP	FILED			
rincipal Place of		Mailing Address	ADH'ESC	01 MAY -3 PH 12: 06			
NEN ADDRESS Mr. Trey Barlow P. O. Box 841 Lafayette, CO 80026		Mr. Trey Barlow P. O. Box 341 Lafayette, CO 80026		OT MAT SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place	e of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	······	4. FEI Number Applied For 5.9 - 3150542 Not Applicat			
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required			
	6. Name and Address of Curr		Name	7. Name and Address of New Registered Agent			
LESTE	R, BELFORD DONOUT PLAC	S. ///	Street Addres	s (P.O. Box Number is Not Acceptable)			
)				
11171	LAND, FL 327	5 /	City	FL Zip Code			
				FL (
The above nan	ned entity submits this statemer	nt for the purpose of changi	ing its registered office or regis	tered agent, or both, in the State of Florida.			
	ature, typed or printed name of registered a	gent and title if applicable.	(NOTE: ² egistered Agent signature requ	red when reinstating) DATE			
IGNATURE	nature, typed or printed name of registered a putions ecord. 1,592,044	gent and tille if applicable. 10. Amount of in FLORID/	(NOTE: Registered Agent signature required Agent signature required Capital Contributions A to dat 3.	red when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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SIGNATU	HE AND	TYPED OR	PRINTED	NAME OF	SIGNING	GENERAL PA	RTNER

Date

Daytime Phone #