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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA0000000023

: (614)280-3338

Fax Number

: (954)208-0845

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REGISTERED AGENT CHANGE BUILD CHANGE INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations			
CI DIE	BUILD CHANGE INC.			
SODJE	Name of Corporation			
DOCU	F17000005412 MENT NUMBER:			
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
	return all correspondence concerning this matter to the following:			
	Tim Louis			
	Name of Contact Person			
	Build Change			
Firm/Company				
535 16th St., Suite 605				
Address				
Denver, CO 80202				
City/State and Zip Code				
	info@buildehange.org			
	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
Trena N	toya 303 953-2563			
	Name of Contact Person at (303 953-2563 Area Code & Daytime Telephone Number			
Enclose	ed is a \$35,00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
	Tallahassee, FL 32301			

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617.0502 age is submitted for a corporation organi	zed under the laws of the State of $\underline{ ext{t}}$	California	
	to change its registered office or registe	red agent, or both, in the State of F	·torida.	
I. The name of t	ne corporation: BUILD CHANGE INC.			
2. The principal	office address: 535 16TH STREET, SUITE	605 DENVER, CQ 80202		
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 11/29/2017	Document number: F170000	005412	
	street address of the current registered ag tment of State: (If resigned, enter resigned	-	ith the	
	James M. Halpin			
	1200 SOUTH PINE ISLAND ROAD PLAY	NTATION, FL 33324		
			2018 SEC	
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered of	<u>ب</u> (1
	C T Corporation System			İΤ
	1200 South Pine Island Road			
	P.O Box NOT: Plantation, Florida 33324	псеерияне	(a) (b)	
The street addre	ss of its registered office and the street a be identical.	iddress of the business office of its	s registered agent	,
	s authorized by resolution duly adopted e board, or the corporation has been not			
Support	Tim Louis, Director of Finance & Administration Signature of all officer of director Printed or typed name and title			
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and ac s document is heing filed merely to reflect the corporation has been notified in	l agree to act in this capacity. tes relative to the proper and com cept the obligation of my position of a change in the registered offic		
By:	ature of Registered Agent	01/26/2018		
		Date		
If signing on bel Jennifer (
	ped or Printed Name			

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (03/12)