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FILED )7 MAY 24 PM 1:54 SECRETANT OF STATE ALLAHASSEE, FLORIDA

NA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Mullin Bay, LLC (Name of Limi	ted Liability Company)	
Dear Sir or Madam:	,	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Curtis Moore		
(Name of Person)		
Mullin Bay, LLC	<u> </u>	
(Firm/Company)		
8101 E. Prentice Avenue, Suite 400		
(Address)		
Greenwood Village, CO 80111		
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
Curtis Moore at	(303) 694-0204	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMEN FOF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company is	: Mullin Bay, LLC	<u> </u>	
2. The mailing address of	the limited liability co	ompany is : 8101 E. Prentice Avenue,	Suite 400	
Greenwood Village, CO 801	11			
7/18/2005		L05000)70.	369	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of S		stered office address as shown on the	e records of the	
	Nace Cohen			
		Name		
	287 Burnt Pine Drive			
		Address	-1 0	
	Naples, FL 34119		P 55 7 1	
	City,	, State and Zip		
Naples, FL 34119 City, State and Zip  6. The name and address of the new registered agent and/or office:  Jim Forrester  Name 1429 Colonial Blvd, #201  Elevida street address (P.O. Box NOT acceptable)				
	Jim Forrester		FF. P.	
		Name	三。二	
	1429 Colonial Blvd, #		Se in	
	Florida street addres	ss (P.O. Box NOT acceptable)		
	Fort Myers	FL 33907		
	City, S	State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
(Signature of a member or authorized representative of a member)				
(Signature of a member or authorized representative of a member)				
Surtis H.	Moore			
(Printed or typed name of signee)				
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as of all statutes relatived accept the obligation his document is being that the limited liabilities.	agent and agree to act in this capacit ve to the proper and complete perfori ns of my position as registered agent filed to merely reflect a change in th ity company has been notified in writ	y. I further agree to nance of my duties, as provided for in the registered office ing of this change.	
(Signature of Registered Agent)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

**FILING FEE: \$25.00**