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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Percy Bend, LLC (Name	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Julie Swander		
(Name of Person)		
Percy Bend, LLC		
(Firm/Company)	TE DE LE	
8101 E Prentice Ave Ste 400	2007 FEB - 2 PM SECRETARY OF STALLAHASSEE, FI	
(Address)		
Greenwood Village, CO 80111	PM 12: 38 Y OF STATE SEE, FLORIDA	
(City/State and Zip Code)		
For further information concerning this m	natter, please call:	
Julie Swander	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 follow	wing amount:	
 √ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF 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 limit	ed liability compa	iny is: Percy Bend	, LLC		
2. The mailing address of	of the limited liabi	lity company is:	8101 E Prentice Ave	Ste 400	
Greenwood Village, CO 80	0111				
11/10/2005			L05000109341		
3. Date of filing/registration in Florida		_	4. Document number		
5. The name of the regist Florida Department of	ered agent and the State:	e registered office	address as shown of	n the records of the	
·	Nace Cohen				
		Name			
	287 Burnt Pine				
	Namina El 244	Address			
Naples, FL 34119 City, State and Zip		-: 2			
•		ACE IEI			
6. The name and address of the new registered agent and/or office:			i i		
James H. Forrester		2001 FEB -2 PH 12: 3: SECRETARY OF STATE TALLAHASSEE. FLORIE	Mark.		
Name			2 SEI	Į,	
1429 Colonial Blvd, Ste 201		E PH	e Joseph		
	Florida street ad	ddress (P.O. Box	NOT acceptable)	IZ: 3	الند _و ا ^ح
	Fort Myers	FL 3390	7	38 11E 11E	
	C	City, State and Zip			
If the limited liability cor confirmed that after the c and the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or changes f the registered age reby confirmed th nited liability com	are made, the Flo ent will be identic at the change(s) v apany or as otherv ability company.	rida street address o al. Or, in the case o vas/were authorized	f the registered office f a Florida limited by an affirmative vote	l
Gary R. Gorman (Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Thereby confirm	intment as register is of all statutes re id accept the oblig this document is b that the limited li	red agent and ag elative to the prop ations of my posi eing filed to mere iability company h	ree to act in this cap er and complete per tion as registered as ly reflect a change i nas been notified in t	acity. I further agree to formance of my duties, yent as provided for in the registered office writing of this change.	o
(Signature of Legistered Agent)	/				
Distric	r on of Cornoration	is. P.O. Roy 6327	Tallahassee FL	32314	

FILING FEE: \$25.00