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SECRETARY OF STATE.

## **COVER LETTER**

Division of Corporations					
SUBJECT: Laredo Sound, LLC (Name of	Limited Liability Company)				
Dear Sir or Madam:					
Dear Sir of Madain.					
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:				
Julie Swander					
(Name of Person)					
Laredo Sound, LLC	Ä <sub>S</sub>				
(Firm/Company)					
	HAA FEE				
8101 E Prentice Ave Ste 400	2007 FEB -2 P				
(Address)					
	STA:				
Greenwood Village, CO 80111	O I I DA				
(City/State and Zip Code)					
For further information concerning this mat	ter; please call:				
Julie Swander	at ( 303) 694-0204				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations  Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the followi	ng amount:				
<b> ∇</b> \$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.

ageni, or boin, in the stat	e of Pioriua.					
1. The name of the limite	ed liability company	y is: Laredo Sour	nd, LLC			
2. The mailing address of	f the limited liabilit	y company is :	8101 E Prentice	Ave S	te 400	
Greenwood Village, CO 80						
3/2/06			L0600002279	<del></del> -		
3. Date of filing/registrat	egistration in Florida		4. Document number			
5. The name of the register Florida Department of		egistered office	address as sho	wn on	the rec	ords of the
•	Nace Cohen					
	287 Burnt Pine D	Name r				
		Address				
	Naples, FL 34119					
	C	City, State and Z	ip	TAL 38	20	
6. The name and address	of the new registere	ed agent and/or	office:	CRE?	2007 FEB	77
	James H. Forrest	ter		SS R	32	
	1429 Colonial Blvd	Name d, Ste 201		Y OF	2 P	M
	Florida street add	dress (P.O. Box	NOT acceptab	S S	2:	
	Fort Myers	FL 3390	)7	DE N	0	
	Cit	ty, State and Zip	)			
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreemer (Signame of a member or author Oary R. Sorman	hange or changes ar the registered agen reby confirmed that nited liability comp	re made, the Flo nt will be identice the change(s) very or as otherworld bility company.	orida street add cal. Or, in the owas/were author	ress of case of orized b	the reg a Floriony an af	istered office da limited ffirmative vote
(Printed or typed name of signee)	1					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 508, F.S. Or, if the address, Thereby confirm	intment as registere is of all statutes reld d accept the obliga this document is bet that the limited <del>li</del> a	ed agent and ag ative to the prop tions of my posi ing filed to mere bility company i	ree to act in the per and comple tion as registe bly reflect a ch has been notifi	is capa ite perfo red age ange in ed in w	city. I primand in the contract of the responding to the contract of the contr	further agree to be of my duties, rovided for in gistered office of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00