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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Mandalay Knoll, LLC (Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	g.	
Please return all correspondence concerning	on this matter to the following:	•	
ricase return an correspondence concerning	g this matter to the following.		
,			
Curtis Moore			
(Name of Person)			
	7		
Mandalay Knoll, LLC (Firm/Company)		07 M	Cae
(Time Company)	AHE	TA Y	ŧ
8101 E. Prentice Avenue, Suite 400	HASSEE, FLORIDA	07 MAY 24	
(Address)	————	372	
		AN 11: 52	
Greenwood Village, CO 80111	307	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, germ
(City/State and Zip Code)			
For further information concerning this mat	tter, please call:		
Curtis Moore	at (303) 694-0204		
(Name of Person)	(Area Code & Daytime Telephon	e Num	ber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 3230!	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the followi	ing 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 company is:	Mandalay Knoll, LLC		
2. The mailing address of	of the limited liability cor	npany is : 8101 E. Prentice Ave	enue, Suite 400	
Greenwood Village, CO 80)111			
4/21/2006		L06000041228		
3. Date of filing/registra	tion in Florida	4. Document nun	nber	
5. The name of the regist Florida Department of		ered office address as shown of	on the records of the	
-	Nace Cohen			
		Name	٠	
	287 Burnt Pine Drive			
	A	ddress		
	Naples, FL 34119		AS C	
	City, S	tate and Zip	EC. 77	
6. The name and address of the new registered agent and/or office:				
	Jim Forrester		THE STATE OF THE S	
	1429 Colonial Blvd, #2		AMIII:	
	Florida street address	(P.O. Box NOT acceptable)	53 SA	
	Fort Myers	FL 33907		
	City, St	ate and Zip		
confirmed that after the cand the business office o liability company, it is he of the members of the lip or the operating agreeme	change or changes are ma f the registered agent wile ereby confirmed that the mited liability company on the limited liability	nder the laws of the State of F de, the Florida street address be identical. Or, in the case change(s) was/were authorize or as otherwise provided in the company.	of the registered office of a Florida limited d by an affirmative vote e articles of organization	
(Signature) a member of autho	rized repressmant to or a member	,		
(Printed or typed name of signee				
I hereby accept the appo comply with the provisio and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	pintment as registered ag ns of all statutes relative nd accept the obligations this document is being fi n that the umited liability	ent and agree to act in this ca to the proper and complete p of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office writing of this change.	
Lighature of Registered Agent)				
Divisi	on of Corporations, P.C	. Box 6327, Tallahassee, FL	32314	

FILING FEE: \$25.00