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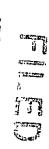




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SECRETARY OF STATE FALL AHASSEF FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Russell Ray, LLC (Name of I	Limited Lia	ability Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter	r to the following:	
Julie Swander			
(Name of Person)			
D	•	O7 SE(TAL)	
Russell Ray, LLC (Firm/Company)		FEB -2 CRETARY AHASSE	
(1-2 4558	frame.
8101 E Prentice Ave Ste 400		PH COFF FF	्र चित्र
(Address)		2 PH 3: 58 RY OF STATE SEE FLORIDA	
		DA DA	
Greenwood Village, CO 80111 (City/State and Zip Code)		_ 	
(City/State and Zip Code)			
For further information concerning this matt	er, please o	call:	
Julie Swander	at (303) 694-0204	
(Name of Person)	_	(Area Code & Daytime Telephone Numl	ber)
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	ng amount	:	
	\$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.

agent, or both, in the Sta	ie oj i ioriau.					
1. The name of the limit	ed liability company	is: Russell Ray, LLC				
2. The mailing address of	of the limited liability	company is : 8101 E Pre	ntice Ave Ste 40	0		
Greenwood Village, CO 8	0111					
4/21/06	1	1,060000	44004			
3. Date of filing/registration in Florida			L06000041231 4. Document number			
3. Date of filling/registra	uon m Pionua	4. Docui	nem number			
5. The name of the regist Florida Department of	ered agent and the re State:	gistered office address as	shown on the re	ecords of the		
	Nace Cohen					
		Name	.			
287 Burnt Pine Dr			;	O; SE		
		Address		CR CR	4	
Naples, FL 34119					<i>₹</i> }	
	Cit	y, State and Zip	200	SARY -2	₩,	
6. The name and address	of the new registered	agent and/or office:	سا ب بر	OF S	Ç	
	James H. Forreste	r	ÜR		Ţ	
	***************************************	Name	D _A	58		
	1429 Colonial Blvd,	Ste 201				
	Florida street addr	ess (P.O. Box NOT acce	ptable)			
	Fort Myers	FL 33907				
	City	, State and Zip		•		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author (Printed or typed name of signer) I hereby accept the appoor comply with the provision and I am familiar with an Chapter 608, F.S. Or, if it address, Thereby confirm	hange or changes are the registered agent reby confirmed that the nited liability compant of the limited liability depresentative of a mere	made, the Florida street will be identical. Or, in the change(s) was/were any or as otherwise providity company.	address of the re the case of a Flo- uthorized by an ed in the articles	egistered office rida limited affirmative vot s of organizatio	e on	
(Signatur Agent)						
Div isio	n of Corporations,	P.O. Box 6327, Tallahas	see, FL 32314			

FILING FEE: \$25.00