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Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Vedavoo Rock, LLC (Name of	f Limited Liability Company)	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Curtis Moore		
(Name of Person)		
Vodavos Bask IIIC	O7, SEU TALL	
Vedavoo Rock, LLC (Firm/Company)	MAY 24 AM II: SU CRETARY OF STATE AHASSEE, FLORID	
	SSE 2	
8101 E. Prentice Avenue, Suite 400		
(Address)	AHII: 51, FLORIDA	
Greenwood Village, CO 80111	DA A	
(City/State and Zip Code)	·	
For further information concerning this ma	atter, 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 follow	ving 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 limited liability company is: Vedavoo Rock, LLC				
2. The mailing address of the limited liability company is : 8101 E. Prentice Avenue, Suite 400				
Greenwood Village, CO 80	111			
4/21/2006	LOG	6000041246		
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
•	Nace Cohen			
	Name		0 AT	
	287 Burnt Pine Drive		EC 7	
	Address			
Naples, FL 34119				
	City, State and Zip		<u>U</u> , ⅓	
6. The name and address of the new registered agent and/or office: Jim Forrester Jim Forrester				
	Jim Forrester			
Name 1429 Colonial Blvd, #201				
Florida street address (P.O. Box NOT acceptable)				
	Fort Myers FL 33907			
	City, 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. Sat Mar. of Limited Truesbreuts, LLC, Member (Signature of a member or authorized representative of a member)				
Curtis H. Moor	<u> </u>			
(Printed or typed name of signee	•	to mot to this successible	I Guthar sauss to	
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	nintment as registered agent and agree to ns of all statutes relative to the proper a nd accept the obligations of my position this document is being filed to merely re n that the limited liability company has b	o act in this capacity. nd complete perform as registered agent a sflect a change in the been notified in writir	I further agree to ance of my duties, us provided for in registered office ag of this change.	
(Signature of Registered Agent)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00