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. (Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)				
	,				
(Ci	y/State/Zip/Phone	- #N			
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PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(2	5	,			
(Do	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
Special instructions to	Filing Officer:				





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SECKELARY CUT STATE
TAIL AHASSEE, FLORIDA

MRC

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mount Estes, LLC (Name of Limite)	d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Curtis Moore		
(Name of Person)		
Mount Estes, LLC (Firm/Company)		
(Finiseompany)		
8101 E. Prentice Avenue, Suite 400		
(Address)	•	
Greenwood Village, CO 80111		
(City/State and Zip Code)		
For further information concerning this matter, ple	ase 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 following am-	ount:	
\$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.

,	V		•	
1. The name of the limit	ed liability company	is: Mount Estes, LLC		•
2. The mailing address of	of the limited liabilit	y company is : <u>8101 E.</u>	Prentice Avenue,	Suite 400
Greenwood Village, CO 80	0111			
0/00/0006		1,0600	0004004	
9/28/2006 3. Date of filing/registration in Florida			L06000094991 4. Document number	
3. Date of filing/registra	tion in Florida	4. Do	cument number	
5. The name of the regist Florida Department of		egistered office addres	s as shown on the	records of the
	Nace Cohen			
		Name		700
	287 Burnt Pine D			28 元
		Address		至一
Naples, FL 34119				15 24 F
	C	ity, State and Zip		SEA P. E.
6. The name and address of the new registered agent and/or office:				FILED 7 MAY 24 PM 1: 42 ECKELANT OF STATE LLAHASSEE, FLORID
	Jim Forrester			원 <u>작</u> 등
	1429 Colonial Blv	Name d, #201		DA DA
Florida street address (P.O. Box NOT acceptable)				
	5	00007		
	Fort Myers	FL 33907		
	Cit	y, 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 lip or the operating agreement (Signature of a member or author)	change or changes as f the registered ager ereby confirmed that mited liability compent of the limited liab	re made, the Florida strate will be identical. Or, the change(s) was/we any or as otherwise probility company. Floscommon	eet address of the in the case of a F re authorized by a poided in the artic	registered office lorida limited n affirmative vote les of organization
(Signature of a member of author	nized representative or a n	ichiber)		
(Printed or typed name of signed	loore			
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	pintment as registerens of all statutes reland accept the obliga this document is being that the limited lia	ed agent and agree to a ative to the proper and tions of my position as ting filed to merely refle bility company has bee	ct in this capacity complete perform registered agent a cct a change in the n notified in writi	n. I further agree to lance of my duties, as provided for in registered office ng of this change.
(Signature of Registered Agent)	/			
Divisi	on of Corporations	s, P.O. Box 6327, Talla	hassee, FL 3231	4

FILING FEE: \$25.00

INHS18 (8/05)