## LN0000000044442

(Re	equestor's Name)	)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: San Juan Peaks, LLC (Name of	Limited Liab	pility Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (	Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter t	to the following:	
Julie Swander		Ās.	
(Name of Person)		POZFI	-7
San Juan Peaks, LLC		TEB-2 AHASSE	£
(Firm/Company)			L M
0404 F.B 4 0: 400		B-2 PH 3:53 TARY OF STATE ASSEE FLORIDA	#
8101 E Prentice Ave Ste 400 (Address)		ATE 53	أحتا
(1331-00)			
Greenwood Village, CO 80111			
(City/State and Zip Code)			
For further information concerning this matt	ter, please ca	.11:	
Julie Swander	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	ng 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	S: San Juan Peaks, LLC		
2. The mailing address of	of the limited liability	company is: 8101 E Prentice Ave S	Ste 400	
Greenwood Village, CO 80	0111			
09/28/2006		L06000094992		
3. Date of filing/registration in Florida		4. Document numb	er	
	ered agent and the reg	istered office address as shown on	the records of the	
r tortua Department of	Nace Cohen			
	Tado Conon	Name		
	287 Burnt Pine Dr			
		Address		
	Naples, FL 34119		IA.S	
	City	, State and Zip	E.C	
6. The name and address	of the new registered	agent and/or office:	FEB-2   CRETARY O AHASSEE	
	James H. Forrester	·	SEC N	
		Name	PH 3: PFLORIA	
	1429 Colonial Blvd,		SH SH	
	Florida street addre	ss (P.O. Box <b>NOT</b> acceptable)	53 53	
	Fort Myers	FL 33907		
	City,	State and Zip		
confirmed that after the c and the business office of liability company, it is he	hange or changes are a f the registered agent we creby confirmed that the mited liability compan	I under the laws of the State of Flomade, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized by or as otherwise provided in the atty company.	the registered office fa Florida limited by an affirmative vote	
(Signature of member or author	rize representative of a mem	ber)		
Gary R. Gorman	]	,		
(Printed or yped name of signee				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address I hereby confirm	intment as registered in sof all statutes relation accept the obligation this document is being that the binited liabil	agent and agree to act in this capa we to the proper and complete perf ns of my position as registered ag filed to merely reflect a change in ity company has been notified in w	ncity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.	
(Signalure of Registered Agent)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
FILING FEE: \$25.00				