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SECRETARY OF STATE

COVER LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: Colorado Pass, LLC (Name of	Limited Liab	oility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are subr	nitted for filing.	
Please return all correspondence concerning	g this matter	to the following:		
Julie Swander (Name of Person)			2001 FEB -2 SECRETARY TALLAHASSEI	71
Colorado Pass, LLC (Firm/Company)			P I: 5 OF STATE E. FLORID	
8101 E Prentice Ave Ste 400			<i>⊳</i> ″′∞	
(Address)				
Greenwood Village, CO 80111				
(City/State and Zip Code)				
For further information concerning this mat	ter, please ca	111:		
Julie Swander	at (_303) 694-0204		
(Name of Person)		(Area Code & Day	time Telephone N	umber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 323	3	
Enclosed is a check for the followi	ng amount:			
✓ \$25 Filing Fee		\$55 Filing Fee & Cer	tified 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.

2. The mailing ac	dress of the limited liability comp	pany is : 8101 E Pren	tice Ave Ste 400		
Greenwood Village	e, CO 80111				
09/28/2006		L06000095004			
3. Date of filing/registration in Florida		4. Document number			
5. The name of th Florida Departr	e registered agent and the register nent of State:	ed office address as s	shown on the rec	ords of the	
	Nace Cohen	·			
		ame			
	287 Burnt Pine Dr	·-			
		dress	AHA AHA		
	Naples, FL 34119	ite and Zip	 %₹ 1		
6. The name and ε	address of the new registered agen James H. Forrester	•	2 P I: 58 Y OF STATE SEE, FLORIDA		
	Nar				
	1429 Colonial Blvd, Ste 2		β ω		
	Florida street address (P		table)		
	Fort Myers F	L 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.

(Signature of member or authorized representative of a member)

Gary R. Garman

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the amited liability company has been notified in writing of this change.

(Signature Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00