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	(Requestor's Name)						
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	(City/State/Zip/Phone #)						
PICK-U	P WAIT	MAIL MAIL					
	(Business Entity Name)						
	(business Entity Name)						
	(Document Number)						
Certified Copies	Certificates of S	tatus					
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Special Instructions	s to Filing Officer:						
}							
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Office Use Only



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MAY 17 S. **PRATHER**

COVER LETTER

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INHS18 (2/14)

TO:		ion Section of Corporations		
SUBJE		ne Town Fence, LLC		
			e of Limited	Liability Company
Dear Si	ir or Mada	m:		
The en	closed Re	sistered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please	return all	correspondence concerning thi	s matter to the	ne following:
Sophia	Robbins			
		Name of Person		
Milgron	m & Daska	11		
	-	Firm/Company		
1550 La	arimer St. #	503		
		Address		
Denver.	, CO 80202			_
		City/State and Zip Code		
sophi.ro	obbins@mi	gromlaw.com		
E	-mail add	ess: (to be used for future ann	ual report no	stification)
For fur	ther infor	nation concerning this matter,	please call:	
Sophia	Robbins		303 at (900-3804
		Name of Person	(Area Code & Daytime Telephone Number
	Registra Division P.O. Bo	Address: tion Section of Corporations x 6327 see, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclose	l is a check for the following	amount:	
	□ \$25 F	ling Fee	0	\$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 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Home Town Fenc	e, LLC					
2 (. 1		(h)				
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of li	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		13611 E 104TH AVE, SUITE 200						
		COMMERCE CITY, CO 80022		_				
		COMMERCE CITY, CO 80022		CO	MMERCE CITY, CO 8003	22		
3.		Date of filing/registration in Florida	4.		Document numb	ber		
5. ('a)	Registered Agents Inc						
ی. ((a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 4th St. N Ste 300					2024	
		St. Petersburg	33702		_ 	30118 (1-352.274)	0024 APR 24	
`	b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ss:	<u>.c.</u>	6 A. C. CO	
		NEW Registered Office Address:			<u>_</u>			
		19900 Woodridge Lane						
		North Fort Myers, FL	33917					
char ager was the a	ige it v /we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the hawnmane Patta	register ability co of the lin limited	ed o ompa nited liabi	office and the business of any, it is hereby confirm I liability company or as ility company.	ffice of the regist ned that the chang	ered ge(s)	
		ture of a member or authorized representative of a member	Sna	·	narie Pitts Printed or typed no	ame of signee		
I he prov the o to m noti	rel risi obl rere fico	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is in writing of this change. **Chael Constl.** The Registered Agent	ree to ac perform d for in hereby c	t in t iance Chap onfir			with the d accept ng filed been	