M150000912

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 061044 8196929
AUTHORIZATION : 1
COST LIMIT : \$725.00
ORDER DATE: October 19, 2022
ORDER TIME : 2:20 PM
ORDER NO. : 061044-170
CUSTOMER NO: 8196929
CHANGE OF AGENT
NAME: ASPENCORE, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
EXAMINER'S INITIALS:

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.

l. Na	ame of the limited liability company: ASPENCORE	, LLC	
2. (a)	9201 E. DRY CREEK RD	(b)	9201 E. DRY CREEK RD
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CENTENNIAL, CO 80112		CENTENNIAL, CO 80112
	02/04/2015		M15000000912
	Date of filing/registration in Florida	4.	Document number
s. (a)			
. (4)	Registered Agent and Registered Office shown on the records of URS AGENTS, LLC	of the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	3458 LAKESHORE DR		<i>~</i> 1
	TALLAHASSEE	32312	
(b)			27
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	ress:
	Corporation Service Company		1:12:43
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee F	FL	
hange gent v vas/we	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered liability con of the limi	l office and the business office of the registered inpany, it is hereby confirmed that the change(s) led liability company or as otherwise provided in
/s/ Jill	Cilmi	Jill C	ilmi, Authorized Person
l herel provisi he obli o mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as provially reflect a change in the registered office address, if in writing of this change.	e performa led for in Cl Thereby cor	Printed or typed name of signee on this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed aftern that the limited liability company has been Cirby. Asst. Vice President
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