DOCL	JMENT#	M980 0	0000400		-					
1. Entity Nati							FILE	D		
·										
Principal Place of Business 600 GRANT STREET. SUITE 900 DENVER CO 80203)	Mailing Address 600 GRANT STREET, SUITE 900 DENVER CO 80203				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal	Place of Business		3. Mailing Address					I AN Br ait Br ait Br ait		
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS SPA	CE	
City & Sta	ite		City & State		<u> </u>	4. FEI I	Number 04_1400E04	· 	A	oplied For
Zip	C	country	Zip	Countr	ry		84-1429521	¢5	.00 Ad	ot Applicable
	6. Name and	Address of Current	Registered Agent	<u> </u>			ficate of Status Desired	Fee	e Require	ed
	o. Name and	Address of Carrent	negistered Agent		Name	/. Nam	e and Address of New F	legistered Age	nt	
CORPORATION SERVICE COMPANY					Street Ad	dress (P.O. Box N	lumber is Not Acceptable	9)		
	ys street Ssee FL 32301	.2525					· · · · · · · · · · · · · · · · · · ·			
Transfer	OOLL I L OLOU I	2020	-	-	City			FI !	Zip Cod	A
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R. The above	named entity sub	mits this statement fo	r the purpose of changing	to registere	·	ropintaind agent	ar hath in the Otate of El	FL	Zip 000	
B. The above	e named entity sub	omits this statement fo	r the purpose of changing	ts registered	·	registered agent,	or both, in the State of Fig		<u> </u>	1 188 81 101
B. The above		omits this statement fo			d office or i	registered agent,				
			and title if applicable. (No	DTE: Registered	d office or i	e required when reinstati		orida.		
			and title if applicable. (No	OTE: Registered	d office or i	e required when reinstate		orida.		
			and title if applicable. (No FILE I Make Check F	OTE: Registered	d office or i	e required when reinstate		orida.		
SIGNATURE	Signature, typed or prin	ited name of registered agent a	FILE I Make Check F ERS/MEMBERS Delete	NOW!!! FPayable to	d office or i	e required when reinstate	ng)	DATE CHANGES	Change	Addition
SIGNATURE 9. TITLE NAME STREET ADDRESS	Signature, typed or prin	MANAGING MEMBE RESIDENTIAL CON	FILE I Make Check F ERS/MEMBERS Delete	NOW!!! FPayable to 10. TITLE NAME STREET	Agent signatur EE IS \$5 Departn	e required when reinstate	ADDITIONS	DATÉ CHANGES	Change	
SIGNATURE 9. TITLE	Signature, typed or prin	MANAGING MEMBE RESIDENTIAL CON	FILE I Make Check F ERS/MEMBERS Delete	NOW!!! FPayable to	Agent signatur EE IS \$5 Departn	e required when reinstate	ADDITIONS	DATE CHANGES 6/0101	Change	7 -010
SIGNATURE 3. IITLE IAME INTEST ADDRESS ITY-ST-ZIP IITLE IAME	MGRM AFFORDABLE 555 17TH STF DENVER CO 8 MGR JACKSON, SC	MANAGING MEMBE RESIDENTIAL CON RECT, SUITE 1600 0202	FILE I Make Check F ERS/MEMBERS Delete IMUNITIES LP III	NOW!!! F Payable to 10. TITLE NAME STREET CITY-S TITLE NAME	Agent signatur EEE IS \$5 Departn T ADDRESS ST-ZIP	e required when reinstati 50.00 nent of State MGR Jāckson,	ADDITIONS 100003 -01/2 **** Scott D.	CHANGES 3.5.7.5.3 6/0101	Change	7 -010
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SIGNATURE J. J. J. J. J. J. J. J. J. J	MGRM AFFORDABLE 555 17TH STF DENVER CO 8 MGR JACKSON, SC 555 17TH STF	MANAGING MEMBERSIDENTIAL CONTECT, SUITE 1600	FILE I Make Check F ERS/MEMBERS Delete IMUNITIES LP III	NOW!!! F Payable to 10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	Agent signatur EEE IS \$5 Departn T ADDRESS ST-ZIP	e required when reinstati 60.00 ment of State MGR Jackson, 600 Gran	ADDITIONS 100003 -01/2 **** Scott D.	CHANGES CHANGES 6/0101 *50.80 x	Change	7 -010
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (303) 291-0222 Daytime Phone #