DOCUMENT # M9800000990									
PBR E.1., LLC						FILED			
Principal Place of Business Mailing Address					01 9	01 SEP 20 PH 12: 17			
5801 W 11TH SUITE 201 GREELEY CO		5801 W 11TH STREET SUITE 201 GREELEY CO 80634	SUITE 201			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address									
3400 § Suite, Apt.	1. 16th St., B1dg 5 #, etc.	3400 W. 16th St., Bldg 5 Suite, Apt. #, etc.			5	DO NOT WRITE	IN THIS SPACE		
Suite Y City & State		Suite Y City & State			4. FEI	Number 84-143400	a L_[A	pplied For	
Greeley, CO Zip Country		Greeley, CO Zip Country		ntry			\$5.00 A	ot Applicable	
80634	USA 6. Name and Address of Current F	80634	IISA	<u>, </u>		tificate of Status Desired ne and Address of New Reg	Fee Requir		
Nam					7. 140	ne and Address of New Hel	Jistorou Agent		
MILLER, JAMES M ESQ 112 W CITRUS ST ALTAMONTE SPRINGS FL 32714-2502					ldress (P.O. Box	Number is Not Acceptable)			
ALIAMONIE SPRINGS PL 32/14-2902				City			FL Zip Coo	de	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE									
FILE NOW!!! FEE IS \$50.						7000046			
Make Check Payab Due By Se				•		****20	0101004 0.00 ****	\$50.00	
9.	MANAGING MEMBER		10.			ADDITIONS/C			
NAME STREET ADDRESS C(TY-ST-ZIP	SOUTH THE SHIELD WEST				MGRM				
TITLE	GREELEY CO 80634	☐ Delete	TITL		GREELEY,	CO 80634	☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS				,	
CITY-ST-ZIP			CITY	'-ST-ZIP	.,,		☐ Change	Addition	
NAME STREET ADDRESS		☐ Delete	NAM Stre	EET ADDRESS			□ change	Addition	
CITY-ST-ZIP TITLE		Delete	TITLE	-ST-ZIP E			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM Stre	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
NAME		☐ Defete) TITL! NAM	IE			☐ Charige	☐ Addition }	
STREET ADDRESS CITY'-ST-ZIP				EET ADDRESS '-ST-ZIP				ŀ	
TITAE NAME		☐ Delete	TITLI	I			. Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. KATHLEIME. A.ROCHE.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SEPTEMBER 14, 2001 970/356-6900 Day(fine Priors) X12									

. STAPLE CHECK HERE