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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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JAN 2 5 2013 T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 504066 7910473

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 24, 2013

ORDER TIME: 8:30 AM

ORDER NO. : 504066-012

CUSTOMER NO: 7910473

## CHANGE OF AGENT

NAME:

SHARP SHOOTER/SPECTRUM

VENTURE, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

## 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.

1.	Name of the limited liability company: SHARP SHOOTER/SPECTRUM VENTURE, L.L.C.				
2.	(a)	Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	company:	11901 W. 48th Avenue Wheat Ridge, CO 80033	
	(b)	Mailing address of limited liability compare (Note: MAY BE POST OFFICE BOX)	ny:		
_		03/04/1999	<del>.</del>	M99000000313	
3.	Dat	e of filing/registration in Florida	4	. Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	_	C T Corporation System	
		Registered Office Address:	-	1200 South Pine Island Road Plantation, FL 33324	
			-		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		NEW Registered Agent:	-	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		ESS)	1201 Hays Street		
		<u></u>	Tallahassee ,FL 32301		
tha off he lia lin	nt affice reby bilit nited	ter the change or changes are made, the Flo of the registered agent will be identical. Or confirmed that the change(s) was/were aut y company or as otherwise provided in the liability company.	rida street r, in the cas horized by articles of	ws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the	
(Sig	gnatu	re of a member or authorized representative of a member)	)	24 %p.	
(Pı	inted	een Cathell, Authorized Person or typed name of signee)		## 10	
				ree to act in this capacity. I further agree to ree ree to	
(Si	gnati	are of Registered Agent) Corporation Service Con		ylvia Queppet, Asst. VP	
		Division of Corporations, i	P.O. Box 6	327, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (05/08)