

Colorado Secretary of State Date and Time: 02/01/2017 09:39 AM ID Number: 19971079602

Document number: 20171092900 Amount Paid: \$10.00

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## **Statement of Change Changing the Registered Agent Information**

filed pursuant to § 7-90-305.5 and § 7-90-702 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number and the entity name, or, if the entity does not have an entity name, the true name are

Entity ID number	19971079602
-	(Colorado Secretary of State ID number)
Entity name or True name	CROSSROADS CONDOMINIUMS OWNERS ASSOCIATION, INC.

2. (If applicable, adopt the following statement by marking the box and enter all changes.)

٢	The registered	agent name	has c	hanged.

Such name, as changed, is

Name (if an individual)				
	(Last)	(First)	(Middle)	(Suffix)
or				

(if an entity)

Reed Property Management, Inc. (Caution: Do not provide both an individual and an entity name.)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

3. (If applicable, adopt the following statement by marking the box and enter all changes.)

✓ The registered agent address of the registered agent has changed.

Such address, as changed, is

Street address	330 Dillon Ridge Way, Suite 8 (Street number and name) P.O. Box 6481		
	Dillon	CO	80435
	(City)	(State)	(ZIP Code)
Mailing address (leave blank if same as street address)	e as street address) (Street number and name or Post Office Box information) P.O. Box 6481		
	Dillon	<u>CO</u>	80435
	(City)	(State)	(ZIP Code)

4. (If applicable, adopt the following statement by marking the box.)

The person appointed as registered agent has delivered notice of the change to the entity.

5. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

6. (*Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.*)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.) The delayed effective date and, if applicable, time of this document are

(mm/dd/yyyy hour:minute am/pm)

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7. The true name and mailing address of the individual causing this document to be delivered for filing are

Reed	Michael	
(Last) 330 Dillon Ridge Wa	(First)	(Middle) (Suffix
	and name or Post Offi	ce Box information)
Dillon	СО	80435
(City)	United State)	(ZIP/Postal Code)
(Province – if applicable)	(Country	)

(If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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