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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 20041158068
(Colorado Secretary of State ID number)
Entity name or True name HEALTHY FUTURES, P.C.

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

The registered agent name has changed.

Such name, as changed, is

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)
or
(if an entity) _____
(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 1600 Broadway
(Street number and name)
Suite 900
Denver CO 80202-4903
(City) (State) (ZIP Code)
Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) CO _____
(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

Ayervais	Neil	E	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
1600 Broadway			
<i>(Street number and name or Post Office Box information)</i>			
Suite 900			
Denver	CO	80202-4903	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
	United States		
<i>(Province – if applicable)</i>	<i>(Country)</i>		

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

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