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SECRETARY OF STATE
05-14-2007 10:51:15

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Change

filed pursuant to §7-90-301, et seq. and §7-90-305.5 or §7-90-604 or §7-90-701 or §7-90-702 or §7-90-705 or §7-90-804 of the Colorado Revised Statutes (C.R.S)

ID number:

20051303616

1. Entity name:

EBANISTA, INC.

2. True name:

(if different from the entity name)

Complete lines 3 - 15 as applicable. You must complete line 16.

3. Resignation of registered agent of record:

Date on which agent resigned:

(mm/dd/yyyy)

Registered agent: (if an individual)

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization)

The Corporation Company

Registered agent street address:

1675 Broadway, Ste 1200

(Street name and number)

Denver

(City)

CO

(State)

80202

(Postal/Zip Code)

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

4. Appointment of new registered agent following resignation of registered agent of record:

Registered agent: (if an individual)

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization)

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

Registered agent street address:

(Street name and number)

(City) CO _____
(State) (Postal/Zip Code)

Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) _____
(State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

5. Change of registered agent name and/or address of record:

Registered agent: (if an individual)

(Last) _____
(First) (Middle) (Suffix)

OR (if a business organization)

National Registered Agents, Inc.

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

Registered agent street address:

1535 Grant Street

(Street name and number)
Suite 140

Denver CO 80203
(City) (State) (Postal/Zip Code)

Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) _____
(State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

If the change is being effected by the registered agent, the following statement applies:

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

6. Change of principal office address of record:

New principal office
street address:

(Street name and number)

(City) _____
(State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

New principal office
mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

7. Document number:
(required for change(s) to 8, 9, 10, 11,
and/or 12 below)

8. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):

New entity name:

9. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):

New true name:

10. Change of jurisdiction of formation of record (foreign entity only):

New jurisdiction of formation:

11. Change of entity form of record (foreign entity only):

New entity form:

12. Other change(s) not provided for above:

If other information contained in the filed document is being changed, mark this box ☐ and include an attachment stating the information to be changed and each such change.

If other information is being added or deleted, mark this box ☐ and include an attachment stating each addition or deletion.

13. Withdrawal of Statement of Registration of True Name: (if applicable, mark this box ☐)

14. Use of Restricted Words (if any of these
terms are contained in an entity name, true
name of an entity, trade name or trademark
stated in this document, mark the applicable
box):

- ☐ "bank" or "trust" or any derivative thereof
☐ "credit union" ☐ "savings and loan"
☐ "insurance", "casualty", "mutual", or "surety"

15. (Optional) Delayed effective date:

(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

<u>Pakzad</u> (Last)	<u>Jessica</u> (First)	<u>(Middle)</u> (Middle)	<u></u> (Suffix)
<u>2015 Newport Boulevard</u> (Street name and number or Post Office Box information)			
<u>Costa Mesa</u> (City)	<u>CA</u> (State)	<u>92627</u> (Postal/Zip Code)	
<u></u> (Province – if applicable)	<u></u> (Country – if not US)		

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

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