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Statement of Change Changing the Registered Agent Information

filed pursuant to § 7-90-305.					
1. The entity ID number and the entity n	ame, or, if the entity does no	ot have an entity	name, the true na	me are	
Entity ID number	19981078761				
	(Colorado Secretary of State ID number)				
Entity name or True name	BRIARHILL TOWNHOME	S SOUTH OWNE	RS ASSOCIATIO	N, INC.	
2. (If applicable, adopt the following statement by m The registered agent name has cha		s.)			
Such name, as changed, is					
Name (if an individual)					
or	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an indiv	RowCal Managemen vidual and an entity name.)	t CO, LLC		·	
(The following statement is adopted by marking a The person appointed as registers	ed agent has consented to be		l.		
3. (If applicable, adopt the following statement by m The registered agent address of the					
Such address, as changed, is					
Street address	3720 Sinton Rd				
	(Street number and name) Ste 200				
	Colorado Springs	CO	80907		
	(City)	(State)	(ZIP Code)		
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
		<u>CO</u> _			
	(City)	(State)	(ZIP Code)		

4. (If applicable, adopt the following statement by ma		ce of the change to	the entity.		
5. (If applicable, adopt the following statement by ma	· ·				
6. (Caution: Leave blank if the document does legal consequences. Read instructions befor		ate. Stating a delaye	ed effective date has .	significant	
(If the following statement applies, adopt the state. The delayed effective date and, if appl		nent are	required format.)	 um/pm)	
such individual's act and deed, or that such of the person on whose behalf such individual conformity with the requirements of part documents and the organic statutes, and to document are true and such document contained the organic statutes. This perjury notice applies to each individual is income. The true name and mailing address of	idual is causing such doc 3 of article 90 of title 7, 0 hat such individual in goomplies with the requirement dual who causes this document	ument to be delive C.R.S. and, if appl od faith believes the ents of that Part, the ument to be delive as one who has c	ered for filing, tak icable, the constitute he facts stated in some constituent docu- ered to the Secreta aused it to be deli	en in tuent such cuments, ary of ivered.	
	Frey	Amy			
	PO Box 421150	(First)	(Middle)	(Suffix)	
	(Street number and name or Post Office Box information)				
	Minneapolis	MN	55442		
	(City)	 (State) United S	(ZIP/Postal C	ode)	
	(Province – if applicable	(Countr	y)		
(If applicable, adopt the following statement. This document contains the true recausing the document to be delivered.)	name and mailing address		dditional individu	als	
Disclaimer:					

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