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Date and Time: 12/06/2023 09:20 PM

ID Number: 20161483323

Document number: 20238277832

Amount Paid: \$10.00

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Statement of Change Changing the Principal Office Address

filed pursuant to § 7-90-305.5 and § 7-90-705 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number and the entity nar	ne, or, if the entity does not ha	ve an entity name, the true name are		
Entity ID number	20161483323			
	(Colorado Secretary of State ID numbe	er)		
Entity name or True name	Death By Cheesecake Ll	_C		
2. The entity's principal office address has	s changed.			
Such address, as changed, is				
Street address	5740 North Carefree Circle			
	(Street nui	nber and name)		
	Colorado Springs	CO 80917		
	(City)	(State) (ZIP/Postal Code) United States		
	(Province – if applicable)	(Country)		
Mailing address				
(leave blank if same as street address)	(Street number and name or Post Office Box information)			
	(City)	(State) (ZIP/Postal Code) United States .		
	(Province – if applicable)	(Country)		
3. (If applicable, adopt the following statement by man	king the box and include an attachment.)		
☐ This document contains additional i	nformation as provided by law	'.		
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(If the following statement applies, adopt the statem The delayed effective date and, if applied				
The delayed effective dute and, if applications	cubic, time of this document as	(mm/dd/yyyy hour:minute am/pm)		
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5. The true name and mailing address of the individual causing this document to be delivered for filing are

Marrara	Patricia		
(Last)	(First)	(Middle)	(Suffix
5740 North Carefree	Circle		
(Street number a	and name or Post Offic	ce Box information)	
Colorado Springs	CO	80917	
(City)	United St	(ZIP/Postal Co	ode)
(Province - if applicable)	(Country))	
 ement by marking the box and include an ue name and mailing address o elivered for filing.		ditional individua	ls

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