



Business Program
 Colorado Secretary of State
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Statement of Conversion Converting a Domestic Entity into a Foreign Entity

Filed pursuant to §7-90-201.7 (2) and §7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

Section 1 – Converting entity information

For the converting entity, its ID number, entity name, form of entity, jurisdiction under the law of which it is formed, and principal office address are

True name:

Form of entity:

Jurisdiction:

Principal Office Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Principal Office Mailing Address (leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Section 2 – Resulting entity information

For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name:

Form of entity:

Jurisdiction:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Section 3 – Conversion confirmation

The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

Section 4 – Registered agent information

Mark the applicable box and complete the statement. Caution: Mark only one box

- The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

Or

- The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are:

CONV_FOR_2

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Name (if an individual)

Last name

First name

Middle

Suffix

Or

Entity

Caution: Do not provide both an individual and an entity name.

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Mailing Address (leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Section 5 – Attachments (if applicable)

If applicable, adopt the following statement by marking the box and include an attachment:

This document contains additional information as provided by law.

Section 6 – Delayed effective date (if applicable)

The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

Section 7 – Notice of perjury

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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such 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 identified in this document as one who has caused it to be delivered.

Section 8 – Filer's information

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

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

If the following statement applies, adopt the 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.

Section 9 – Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).