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RECEIVED

OCT 01 2012

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**LLC STATEMENT OF CHANGE
OF MANAGER OR MEMBER ADDRESSES***Read the Instructions L021i*

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
Team Clayton, LLC

2. **A.C.C. FILE NUMBER:** L-1124298-5
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **MANAGER ADDRESSES** – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form. If the person is also a member, also list their name, address, and new address in the Member Addresses section.

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Janet M Clatyon							
Name 1				6635 W Happy Valley Rd			
Address 1				Address 1			
6721 W Columbine Dr				Ste A104-474			
Address 2 (optional)				Address 2 (optional)			
Peoria				Glendale			
City	UNITED STATES	State	Zip	City	UNITED STATES	State	Zip
Country		AZ	85381	Country		AZ	85310
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Thomas E Clayton Jr							
Name 2				6635 W. Happy Valley Rd			
Address 1				Address 1			
6721 W. Columbine Dr				Ste A104-474			
Address 2 (optional)				Address 2 (optional)			
Peoria				Glendale			
City		State	Zip	City		State	Zip
Country		AZ	85381	Country		AZ	85310
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 3							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State	Zip	City		State	Zip
Country				Country			
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 4							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State	Zip	City		State	Zip
Country				Country			

- 4. MEMBER ADDRESSES** - for each member being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that member. If more space is needed, submit another Statement of Change form. If the person is also a manager, also list their name, address, and new address in the Manager Addresses section.

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 1							
Address 1							
Address 2 (optional)							
City	<div style="border: 1px solid black; width: 100px; height: 15px; position: relative;"><div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background: white; border: 1px solid black;"></div></div>	State	Zip				
Country				City	<div style="border: 1px solid black; width: 100px; height: 15px; position: relative;"><div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background: white; border: 1px solid black;"></div></div>	State	Zip
Country				Country			

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 2							
Address 1							
Address 2 (optional)							
City	<div style="border: 1px solid black; width: 100px; height: 15px; position: relative;"><div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background: white; border: 1px solid black;"></div></div>	State	Zip				
Country				City	<div style="border: 1px solid black; width: 100px; height: 15px; position: relative;"><div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background: white; border: 1px solid black;"></div></div>	State	Zip
Country				Country			

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 3							
Address 1							
Address 2 (optional)							
City	<div style="border: 1px solid black; width: 100px; height: 15px; position: relative;"><div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background: white; border: 1px solid black;"></div></div>	State	Zip				
Country				City	<div style="border: 1px solid black; width: 100px; height: 15px; position: relative;"><div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background: white; border: 1px solid black;"></div></div>	State	Zip
Country				Country			

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 4							
Address 1							
Address 2 (optional)							
City	<div style="border: 1px solid black; width: 100px; height: 15px; position: relative;"><div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background: white; border: 1px solid black;"></div></div>	State	Zip				
Country				City	<div style="border: 1px solid black; width: 100px; height: 15px; position: relative;"><div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background: white; border: 1px solid black;"></div></div>	State	Zip
Country				Country			

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

Thomas E. Clayton JR

☒ I ACCEPT

Signature: _____ Printed Name: Thomas E. Clayton JR Date: 9-20-12

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	<input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:
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Filing Fee: \$5.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
 All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
 If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

 ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

 ARE YOU FILING: ☐ New Entity ☒ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name:

Team Clayton, LLC

FILING TYPE	REGULAR SERVICE	EXPEDITED SERVICE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS -Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each () (Enter Quantity)	<input type="checkbox"/> \$40.00 () (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input checked="" type="checkbox"/> Other: <u>LLC statement of change of address</u>	<input checked="" type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

☒ Check Check # 3319 Check Amount \$ 5.00
☐ M.O.D. Account MOD Acct # _____ Mod Amount \$ _____
☐ Cash – for in-person filings only (Do not send cash in the mail.) Cash Amount \$ _____
☐ Credit Card – for in-person filings only CC Amount \$ _____
☐ No fee required

 SELECT ONE RETURN DELIVERY OPTION: ☐ Mail ☐ Pick Up ☒ Fax # 623-334-218-1335
REQUIRED: Please list the person or company who will be picking up the completed documents.

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name:

Phone Number:

Team Clayton, LLC
Address:

623-334-5144
6635 W. Happy Valley Rd. Ste A104-474
City:

State:

Zip:

Glendale
AZ
85310
PICK-UP BY: _____ DATE: _____

 View current process times at: www.azcc.gov/Divisions/Corporations