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Clear Form

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Print Form

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

LLC STATEMENT OF CHANGE
OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT
Read the Instructions L020!

NOTE – no matter what is being changed, numbers 1, 2, 3.1, 5.1, and 5.2 must be completed.
The form will be rejected if those sections are not completed.

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

VOYAGER KOLB LAND, LLC

2. A.C.C. FILE NUMBER: L-1420687-5

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. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

3.1 REQUIRED – list the known place of business address currently shown in A.C.C. records (before any changes):

3.2 Optional – List the NEW known place of business address in Arizona (must be a street or physical address):

Attention (optional)

801 South Kolb Road

Attention (optional)

Address 1

Address 1

Address 2 (optional)

City TUCSON

State AZ

Zip 85706

Address 2 (optional)

City

State

Zip

3.3 If you completed 3.2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? ☐ Yes ☐ No

4. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission *before any changes* (this is the existing statutory agent):

4.1 REQUIRED – list the **name and physical or street address** (not a P.O. Box) in Arizona of the existing statutory agent:

4.2 REQUIRED – list the **mailing address** (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:

CORPORATION SERVICE COMPANY

Statutory Agent Name

Attention (optional)

2338 W ROYAL PALM RD STE-J

Attention (optional)

Address 1

Address 1

Address 2 (optional)

City PHOENIX

State AZ

Zip 85021

Address 2 (optional)

City

State

Zip

- 4.3** ☐ **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – If the *name only* of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

- 4.4** **CHANGE IN EXISTING STATUTORY AGENT ADDRESS** – check all that apply and follow instructions:

- ☐ **STREET ADDRESS CHANGED** – complete number 4.5.
☐ **MAILING ADDRESS CHANGED** – complete number 4.6.

4.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip

5. ☒ **NEW STATUTORY AGENT** – if a new statutory agent is being appointed, check the box and complete the following for the **NEW statutory agent**:

5.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			5.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
C T Corporation System					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
2390 East Camelback Road					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Phoenix	AZ	85016			

5.3 REQUIRED – If you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form.

SIGNATURE – see *Instructions L0201* for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the LLC named in number 1 above written notice of the address change.

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.

 Signature	<input checked="" type="checkbox"/> I ACCEPT Kristin Bolden, Member Printed Name	12/20/2012 Date
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REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	<input checked="" type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input type="checkbox"/> I am a Statutory Agent changing only my own address.
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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.



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

STATUTORY AGENT ACCEPTANCE

Please read Instructions M0021

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

VOYAGER KOLB LAND, LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): L-1420687-5

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. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity):

C T Corporation System

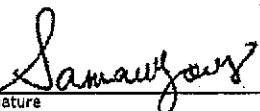
- 3.1 Check one box: ☐ The statutory agent is an **Individual** (natural person).
☒ The statutory agent is an **Entity**.

STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

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."

☒ I ACCEPT


Signature

Samantha Jones, Assistant Secretary, C T Corporation System
Printed Name

12/20/2012
Date

REQUIRED – check only one:

☐ **Individual as statutory agent:** I am signing on behalf of myself as the individual

☒ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (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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POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Equity Lifestyle Properties, Inc. (the "Corporation"), a Corporation incorporated under the laws of the state of Maryland and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Sharlin Aldao, Kristin Bolden, Carolina Botero and Jennifer Kurz, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Sharlin Aldao, Kristin Bolden, Carolina Botero and Jennifer Kurz shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 14 of December, 2012.

Equity Lifestyle Properties, Inc.
A Maryland Corporation

By: WBR
Name: Walter B. Jaccard
Title: Vice President - Legal

State of ILLINOIS
County of Franklin

On December 14th, 2012 before me, the undersigned, a Notary Public in and for said State, personally appeared WALTER B. JACCARD personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Jo A. Figueroa
Notary Public

