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MAR 1 9 2013

AMEONA COMM COMMESSION CORPORATIONS EXPEION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

## LLC STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT

Read the Instructions L020i

**NOTE** - no matter what is being changed, numbers 1, 2, 3.1, 4.1, and 4.2 must be completed. The form will be rejected if those sections are not completed.

- ENTITY NAME give the exact name of the LLC as currently shown in A.C.C. records: N & R Bryce Enterprises LLC
- 2. A.C.C. FILE NUMBER: L-1749748-0

  Find the A.C.C. Bie 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) 490 W Smith St				Attention (optional) 638 N Main ST STE B			
Address 3				Address 1 919			
Addre	ss 2 (optional)	AZ	85630	Address 2 (optional)	AZ	85939	
City	ST DAVID	State	Zip	CRy Taylor	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 or street addre Arizona of the ex	ess (not a P.C	). Box) in	4.2 REQUIRED - list the mailing address (If one exists in A.C.C. records) in Arizona of the existing Statutory Agent:			
Nickalaus D Bryce Statutory Agent Name						
Attention (optional) 490 W. Smith St Address 1			Attention (optional) 490 W Smith St			
Address 2 (optional)  City St David	AZ State	85630	Address 2 (optional)  St Daivd	AZ State	85630	

4.3 CHANGE IN EXISTING STATUTORY AGENT NAME ONLY — If the the existing statutory agent listed in number 5.1 above has changed, agent has not been appointed, check the box and give the new name existing statutory agent below:							i. but a new		
4.4	CH/ and	ANGE IN EXISTING STATUTORY AGENT ADDRESS — check all that apply follow instructions:							
	STREET ADDRESS CHANGED - complete number 4.5.								
		MAIL	ING ADI	DRESS CHAN	IGED ·	- complete numbe	г 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	4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):			
Nickalaus I	Nickalaus D Bryce					Nickalaus D Bryce			
213 N. 800	•				213 N. 800 East				
Address 1		112.12			Address 1				
2078 Address 2 (option			·	·····	2078 Address 2 (optional)				
Taylor	iai)		AZ	85939	1	aylor	AZ	85939	
City			State	Zip	City	ay 101	State	Zip	
5. NEW STATUTORY AGENT — if a new stand complete the following for the NEW a  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:					statutory agent is being appointed, check the box statutory agent:  5.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box);				
Statutory Agent N	nmė			· · · · · · · · · · · · · · · · · · ·					
Attention (optional)				Attention (optional)					
Address 1			Address 1						
Address 2 (options	4)		T		Address	(optional)			
City			State	Zip	City		State	Zip	
	REQUIRED - If you are appointing a new statutory agent, the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Statement of Change form.						cceptance		

## SIGNATURE - see Instructions L020i 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.

T ACCEPT

	V I ACCCI I				
Signature Days	Nickalaus D Bryse Printed Name	5//8//3 Date			
REQUIRED - check only one and	fill in the corresponding blank if sign	ning for an entity:			
I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	I am a Member of this member- managed LLC or I am signing for an entity member named:	I am a <b>Statutory Agent</b> changing only my own address and/or my own name.			
Filing Fee: \$5.00 (regular processing)	Mail: Arizona Corporation	on Commission - Corporate Filings Section			
Expedited processing - add \$35.00 to fill All fees are nonrefundable - see Instruction		1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100			

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.

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All documents filed with the Arixona 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 Arixona only) 600-345-5819.