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AUG 22 2013

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION



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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 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.

1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:
Advanced Plastic Surgery Institute, PLLC

2. A.C.C. FILE NUMBER: 04272554

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):

Attention (optional)

1719 E. Elmwood St.

Address 1

Address 2 (optional)

AZ

85203

City Mesa

State

Zip

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

Attention (optional)

1760 E. Pecos Rd.

Address 1

Suite 516

Address 2 (optional)

AZ

85295

City Gilbert

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:

Dr. Joshua R. Olson

Statutory Agent Name

Attention (optional)

1719 E. Elmwood St.

Address 1

Address 2 (optional)

AZ

85203

City Mesa

State

Zip

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

Attention (optional)

Address 1

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 4.1 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:
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- 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):		
Advanced Plastic Surgery Institute			Advanced Plastic Surgery Institute		
Attention (optional) 4219 E. Lexington Ave.			Attention (optional) 4219 E. Lexington Ave		
Address 1			Address 1		
Address 2 (optional) Gilbert	AZ	85234	Address 2 (optional) Gilbert	AZ	85234
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):		
Statutory Agent Name			Attention (optional)		
Attention (optional)			Address 1		
Address 1			Address 2 (optional)		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
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 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.

☒ I ACCEPT

Signature

Printed Name

Date

REQUIRED – check only one and fill in the corresponding blank if signing 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 Statutory Agent changing only my own address and/or my own name.
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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

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.