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AZ Corp. Commission
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AUG 0 1 2014

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 <u>L021i</u>

1.	ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:		
	Balance Chiropractic LLC		
	T 120/574 0		

- 2. A.C.C. FILE NUMBER: L-1296574-0
 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:
Sam Hallows	THE ADDRESS SILE.
Name 1	
3919 E Fox Circle Address 1	
Address 1	Address 1
	9115 E Boise Street
Address 2 (optional)	Address 2 (optional)
Mesa City State Zip	<u>Mesa</u>
Country UNITED STATES AZ 85205	City Country UNITED STATES AZ State AZ 85207
NAME AND ADDRESS BEFORE CHANGES:	NEW ADDRESS ONLY:
Balance Chiropractic LLC (Domestic Address)	
6750 E Main St #108	7165 E University Drive
-	Suite 102
Address 2 (optional)	Address 2 (optional)
Mesa	Mesa
City State Zip	City State Zip
Country UNITED STATES AZ 85205	Country UNITED STATES AZ 85207
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 NAME AND ADDRESS BEFORE CHANGES:	Country
NAME AND ADDRESS BEFORE CHANGES:	NEW ADDRESS ONLY:
Name 4	
resine ;	
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State ZIp	City State Zip
Country	
Country 1	Country

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 1
Address 2 (optional)	Address 2 (optional)
City State Zip	City State Zip Country
NAME AND ADDRESS BEFORE CHANGES:	NEW ADDRESS ONLY:
Name 2	
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State Zip	City State Zip
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 Zlp
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
SIGNATURE: By checking the box marked "I accept"	below, I acknowledge under penalty of perjury that this document
together with any attachments is subm	I ACCEPT
Mr Hullar	Sam Hallows 07302014
Signature REQUIRED – check only one and fill in the correspondi	Printed Name Date ling blank if signing for an entity:
I am the individual Manager of this manager-manager or I am signing for an entity manager nam	nanaged I am a Member of this member-managed LLC or I am
Filing Fee: \$5.00 (regular processing)	Mail: Arizona Corporation Commission - Corporate Filings Section

All fees are nonrefundable - see Instructions. 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.