

RECEIVED

OCT 29 2014

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

AZ Corp. Commission



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

**LLC STATEMENT OF CHANGE
OF MANAGER OR MEMBER ADDRESSES***Read the Instructions L0211*

- ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
2409 E HELEN ST, LLC
- A.C.C. FILE NUMBER:** L-1510194-1
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>
- 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:			
Name 1							
Address 1							
Address 2 (optional)							
City		State	Zip				
Country				City		State	Zip
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 2							
Address 1							
Address 2 (optional)							
City		State	Zip				
Country				City		State	Zip
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 3							
Address 1							
Address 2 (optional)							
City		State	Zip				
Country				City		State	Zip
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 4							
Address 1							
Address 2 (optional)							
City		State	Zip				
Country				City		State	Zip

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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:			
MARK E. GUTWEILER							
Name 1				Address 1			
4400 E BROADWAY 805				4729 E. SUNRISE DR, #316			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
TUCSON				TUCSON			
City	UNITED STATES	State	Zip	City	UNITED STATES	State	Zip
Country		AZ	85711	Country		AZ	85718
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
Country				Country			
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			

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.

☒ I ACCEPT

MARK E. GUTWEILER

10/23/14

Signature

Printed Name

Date

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 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.

Mall: 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.



**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

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: 2409 E HELEN ST, LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	\$100.00	\$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	\$ 60.00	\$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	\$ 40.00	\$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	\$ 50.00	\$ 85.00
<input type="checkbox"/> Application For Authority (Business)	\$175.00	\$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	\$175.00	\$210.00
<input type="checkbox"/> Application for New Authority	\$175.00	\$210.00
<input type="checkbox"/> Application for Registration	\$150.00	\$185.00
<input type="checkbox"/> Articles of Amendment	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Correction	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	\$100.00	\$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	\$ 50.00	\$ 85.00
<input type="checkbox"/> Affidavit of Publication	\$ 0.00	\$ 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>Stmnt Chng Add/StatAgent&MbrAddress</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!

<input type="checkbox"/> Check	Check # _____	Check Amount \$ _____
<input checked="" type="checkbox"/> M.O.D. Account	MOD Acct # <u>3984</u>	Mod Amount \$ <u>10.00</u>
<input type="checkbox"/> Cash – for in-person filings only (Do not send cash in the mail.)		Cash Amount \$ _____
<input type="checkbox"/> Credit Card – for in-person filings only		CC Amount \$ _____
<input type="checkbox"/> No fee required		

REQUIRED - SELECT ONE RETURN DELIVERY OPTION: ☐ Mail ☐ Pick Up ☐ Fax # ()

PLEASE PRINT E-MAIL ADDRESS CLEARLY:

☒ E-mail: srhughes@gabroylaw.com (32262.1)

For Mail or Pick Up - 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 ONE WEEK).

Person or Company Name:

Phone Number:

Address:

City:

State:

Zip

FOR ARIZONA CORPORATION COMMISSION USE ONLY	
PICK UP BY	DATE

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

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