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ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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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:				
	Crazy for Bargains, LLC			
2.	A.C.C. FILE NUMBER: L-1135545-0			

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. ARIZ	ONA KNOW!	N PLACE O	F 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):			
Melissa Canepa Murphy			Melissa Canepa Murphy			
Attention (option	el)			Attention (optional)		
Crazy for Bargains, LLC			Crazy for Bargains, LLC			
Address 1				Address 1		
4508 Hwy 95, Ste H			4402 E. Huntington Dr.			
Address 2 (option	nal)	AZ	86426	Address 2 (optional)	AZ	86004
city Bullhe	ad City	State	Zip	City Flagstaff	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:		
Melissa Canepa Murphy Statutory Agent Name Crazy for Bargains, LLC			Melissa Canepa Murphy	y	
Attention (optional)			Attention (optional)		
4508 Hwy 95, Ste H			4508 Hwy 95. Ste 11		
Address 1			Address 1		
Address 2 (optional)	AZ	86426	Address 2 (optional)	AZ	86426
_{City} Bullhead City	State	Zip	City Bullhead City	State	Zip

4.3	the exis agent h	iting statu: as not bee	tory agent list	ted in number 4.1 a check the box and	bove has cha	if the <i>name only</i> of anged, but a new name of the	
4.4	and follow in	structions	:: PRESS CHANG	RY AGENT ADDRE GED – complete nu NGED – complete r	mber 4.5.	all that apply	
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):			
Melissa Ca	nepa Murphy			Melissa Canepa M	1urphy		
Attention (option	ntington Dr.			Attention (optional)			
Address 1	innigion Di.			4402 E. Huntington Dr.			
Address 2 (option	AAT						
Flagsta		AZ State	86004	Address 2 (optional) Flagstaff	A	Z 86004	
CRY		State	Zip	City Magatari	St	ate Zip	
an	d complete the	following	for the NEW	tatutory agent is be statutory agent:			
individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:				5.2 OPTIONAL - NEW Statuto	malling add ory Agent (ca	ress in Arizona of an be a P.O. Box):	
E. Duane W	eston				<u> </u>		
Statutory Agent Na	ame						
McCarthy W							
508 N. Humphreys St.				Attention (optional)			
Address 1			Address 1		 -		
Address 2 (optional	1				·		
City Flagstaf		AZ	86001	Address 2 (optional)			
		State are annoin	ting a new sta	atutory agent, the S	Statutory Age		
form	M002 must be	submitted	along with th	is Statement of Cha	ange form.	ant Acceptance	
							

SIGNATURE - see Instructions LO20i 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.

Signaly Signal (syn)	Melissa Canepa Murphy	05/20/15
REQUIRED - check only one and I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	fill in the corresponding blank if sign I am a Member of this member- managed LLC or 1 am signing for an entity member named:	ing for an entity; I am a Statutory Agent changing only my own address and/or my own name.
Filing Fee: \$5.00 (regular processing) Expedited processing - add \$35.00 to filin All fees are nonrefundable - see Instructio	g fee. I 1300 W. Washingto	Commission - Corporate Filings Section n St., Phoenix, Arizona 85007

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 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.

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STATUTORY AGENT ACCEPTANCE

	riease read Instructions (MOUZ)				
1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation): Crazy for Bargains, LLC				
2.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle Initial or suffix:				
	E. Duane Weston				
3.	By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first. The person signing below declares and certifles under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.				
Signi	E. Duane Weston 5/00/15 Printed Name Date				
REQ	UIRED - check only one:				
	Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. 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 – not applicable. Arizona Corporation Commission - Corporate Filings Section Mail: 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. Fax: 602-542-4100

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