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JAN 1 9 2016







Print Form

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, a | nd 4.2 must b | e completed. |
|--------------------------------|------------------------|-------------------|---------------|--------------|
| The form will be rejected if t | | | | |

| 7. | ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records: | | | | | | | as. |
|-------------------------|--|-------------------------|----------------------|---|--------------|-------------------------------------|--------------------|------------------------|
| | DESERT HILLS EST | ATE, LL | ıC | | | · | | |
| 2. | A.C.C. FILE NUMBER: | L13858 | | | | | | |
| | Find the A.C.C. file number on the | upper corner o | f filed documen | ts UK on | our websi | ie at: hitp://www.az | cc.gov/Division | s/Corporations |
| 3. | ARIZONA KNOWN PL | ACE OF BU | JSI NESS A | ODR | ESS: | | • | |
| 3.1 | REQUIRED - list the kn | | | 3.2 Optional - List the NEW known place of business address in Arizona (must be a | | | | |
| } | business address currer records (before any cha | | in A.C.C. | | | ss address in A or physical add | | ist be a |
| | TOGGTUS (DESERTE ATT) OTTO | 950/. | | | | priyorom uno | | |
| } | | | * | | | | | |
| Attent | ion (optional) | | | Attention | 1 (optional) | | | |
| Addre | DESERT HILLS EST | TATE, LI | ıC | Address | | | | |
| Addres | "' ll East Desert F | Hills Dr | ive | A001 835 | 1 | | | |
| Addre | ss 2 (optional) | 1115 21 | 110 | Address | 2 (optional) | | | |
| | | | | | | | | |
| | | | zip 85086 | City | | | State | Zip |
| 3.3 | 1f you completed 3.2 the street address of the | | | | | ess address in . }No | Arizona the | same as |
| 4. | 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 r | | | 4.2 | | RED - list the | | |
| | or street address (i Arizona of the existing | | | | | exists in A.C.C existing Statute | | in Anzona |
| Statu | Corporation Service Company Statutory Agent Name | | | | | | | |
| Attention (optional) | | | Attention (optional) | | | | | |
| 2338 W. Royal Palm Road | | 2338 W. Royal Palm Road | | | | | | |
| Addr | | | | Address | | | | |
| | Suite J | | | | te J | | | · |
| \ | ess 2 (optional) | 7.77 | 85021 | ļ | 2 (optional) | ı | | 05001 |
| City | Phoenix | AZ State | 85021 Zip | City | enix | · | State AZ | _{Zip} 85021 |
| Logo | ^ | | | | | Adrone Com | sambles Commission | - Comoratione Division |

and the second of the second o

| 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: | | | | | | | |
|---|--|-----------|----------------------|---------------------|---------------------------|------------|--------------------|-------|
| | | | | | | • | | |
| | ANGE IN E | | STATUTOR | RY AG | ENT ADDRI | ESS – ched | , ck all that a | apply |
| | | | | | complete nu – complete | | 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): | | | | | | e existing | | |
| } | | | | | | | | |
| Attention (optional) | | | | Attenti | on (optional) | | | |
| Address 1 | | Address 1 | | | | | | |
| Address 2 (optional) | | | 9 | Addres | s 2 (optional) | | | |
| 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: | | | | OPTIONAL NEW Statut | | | | |
| Ms. Penr | ny Koszu | ta | | | | | | |
| • | | | | | | | | |
| Attention (optional) | | | | ļ | n (optional) | | | |
| 15550 No. | rth Frank | Lloyd Wr | ight Blvd | Address | 1 | | | |
| #1112 | | | İ | | | | | . ! |
| Address 2 (optional) | | | | Address | 2 (optional) | - | 1 | |
| _{City} Scottsdale | | State AZ | _{zip} 85260 | City | | | State | Zip |
| 5.3 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. | | | | | | | | |
| | | _ | | | | | | |

SI GNATURE - 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.

| | X I ACCEPI | |
|--|--|--|
| Tennes Kossuta | Penny Koszuta | January 1, 2016 |
| Signature | Printed Name | Date |
| REQUIRED - check only one and | fill in the corresponding blank if sign | gning 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 a entity member named: | I am a Statutory Agent changing only my own address and/or my own name. |
| | | |
| Filling Fee: \$5.00 (regular processing) Expedited processing – add \$35.00 to filling All fees are populationable – see Instruction | ng fee. 1300 W. Washin | ion Commission - Corporate Filings Section gton 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.

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 602-542-3028 or (within Arizona only) 800-345-5819.



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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

| 1. ENTITY NAME - give the exact name in Arizona of the corporation or LLC that has ap Statutory Agent (this must match exactly the name as listed on the document appointing statutory agent, e.g., Articles of Organization or Article of Incorporation): DESERT HILLS ESTATE, 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 either an individual or an entity). NOTE - 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: | | | | | | |
| | Penny Koszuta | | | | | | |
| | | | | | | | |
| з. | STATUTORY AGENT SIGNATURE: | | | | | | |
| | 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 certifies 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. | | | | | | |
| | | | | | | | |
| (- | Jenny Koszuta January 1, 2016 | | | | | | |
| Sign | Printed Name Date | | | | | | |
| RE | QUIRED - check only one: | | | | | | |
| X | Individual as statutory agent: I am signing on 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. | | | | | | |
| | | | | | | | |
| Ex | ng Fee: none (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 fees are nonrefundable - see Instructions. Fax: 602-542-4100 | | | | | | |

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M002.003 Rev: 9/2014

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JAN 1 9 2016





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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

| 1. WHAT ARE YOU FILING? | | | | | | |
|--|--|----------------------------|----------|--|--|--|
| ☐ New Entity ☐ Change to existing entity ☐ Re-submission/Correction | | | | | | |
| | | | | | | |
| 2. ENTITY | NAME: | • | | | | |
| DESERT | HILLS ESTATE, LLC | | | | | |
| 3. CALCULA | TE YOUR FEES (copies, certificate of good standing and expedite | d processing are all optic | onal): | | | |
| Document fili | ng fee (fees are listed on the bottom of the form or on the fee sche | dule) Subtotal: | 5.00 | | | |
| Do you want | EXPEDITED processing? YES NO If YES, | add \$35.00 Subtotal: | | | | |
| ☐ Corporatio | n certified copies \$ 5.00 each x (enter number of copies | requested) Subtotal: | | | | |
| LLC certific | | requested) Subtotal: | | | | |
| Certificate | of Good Standing \$10.00 each x (enter number of copies | requested) Subtotal: | | | | |
| TOTAL YOUR A | IOUNT OWED | TOTAL AMOUNT DUE: | 5.00 | | | |
| 4. PAYMEN | T METHOD: | : | | | | |
| Cash - do not mail cash. Cash may be used only for in-person submittals. Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts). Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or | | | | | | |
| online certificates of good standing. We accept only Visa, MasterCard, and American Express. 5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE): Email Email address: | | | | | | |
| ☐ Pick up | Name: | Phone: | | | | |
| Mail | Name: DESERT HILLS ESTATE, LLC | | | | | |
| | Address: 5 TRENTON COURT | | | | | |
| | City: SOUTH BARRINGTON State: IL | zip: 60 | 010 | | | |
| | Phone: 224-848-4055 | | <u> </u> | | | |
| DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK) | | | | | | |
| PICK-UP-B | FOR ARIZONA CORPORATION COMMISSION USE | ONLY DATE: | | | | |