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FEB 29 2016

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

AZ Corp. Commission



05379883

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

LLC STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT

Read the Instructions L0201

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:

KINGJCRL16 LLC

2. A.C.C. FILE NUMBER: L20653222

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):

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

Attention (optional)

Attention (optional)

Address 1

Address 1

Address 2 (optional)

Address 2 (optional)

City

State

Zip

City

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:

Timothy Schubert

Statutory Agent Name

Attention (optional)

Attention (optional)

7942 West Bell Rd C5 144

Address 1

Address 1

Address 2 (optional)

Address 2 (optional)

City Glendale

AZ

State

85308

Zip

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:

- 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):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)	State	Zip	Address 2 (optional)	State	Zip
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):		
Judy C King					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
650 N Penrod # 506					
Address 1			Address 1		
Address 2 (optional)	AZ	85901	Address 2 (optional)		
City Show Low	State	Zip	City	State	Zip
5.3 REQUIRED – if you are appointing a new statutory agent, the Statutory Agent Acceptance form MD02 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 Judy C. King Date 02/09/2016

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named: Judy C King	<input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input type="checkbox"/> 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
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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) 800-343-5819.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

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):

KINGJCRL16 LLC

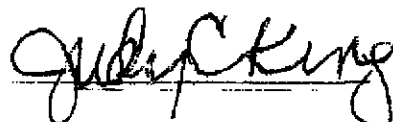
2. **STATUTORY AGENT NAME** - give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Judy C. King

3. 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.

	Judy C. King	2-9-2016
Signature	Printed Name	Date

REQUIRED - check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> 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.
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Filing Fee: none (regular processing) Expedited processing - not applicable. All fees are nonrefundable - see instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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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: KINGJCRL16 LLC

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

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

☐ Check Check # _____ Check Amount \$ _____
☒ M.O.D. Account MOD Acct # 3974 Mod Amount \$ 40.00
☐ Cash -- for in-person filings only (Do not send cash in the mail.) Cash Amount \$ _____
☐ Credit Card -- for in-person filings only CC Amount \$ _____
☐ No fee required

SELECT ONE RETURN DELIVERY OPTION:

☒ E-mail: TIM@GOLDIRALLC.COM ☐ Fax # () _____ ☐ Mail ☐ Pick Up

REQUIRED : 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 TWO WEEKS).

Person or Company Name:

Phone Number:

TIMOTHY SCHUBERT

623-628-2072

Address:

12048 WEST ACAPULCO DRIVE

City:

EL MIRAGE

State:

AZ

Zip

85335

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FEB 29 2016

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

PICK-UP BY: _____

FOR ARIZONA CORPORATION COMMISSION USE ONLY

DATE: _____

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

