

APR 12 2016

FILE NO. R-1908747-8

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

**ARTICLES OF AMENDMENT
TO APPLICATION FOR REGISTRATION OF FOREIGN LLC**

Read the Instructions L017i

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

TITLE SECURITY AGENCY, LLC

2. **A.C.C. FILE NUMBER:** R19087478

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>

**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

3. ☒ **LLC NAME CHANGE – NAME IN STATE OR COUNTRY OF FORMATION** (Foreign Name)
– type or print the exact NEW name:

TITLE SECURITY AGENCY, LLC

4. ☒ **LLC NAME CHANGE – NAME USED IN ARIZONA** (Entity Name) – type or print the exact
NEW name:

TITLE SECURITY AGENCY, LLC

5. ☐ **ENTITY TYPE CHANGE** – check one and follow instructions:
☐ Changing to a PROFESSIONAL LLC – number 6 must also be completed.
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

6. ☐ **PROFESSIONAL SERVICES CHANGE** – list the NEW type of professional services
the professional LLC will render:

7. ☐ **FOREIGN DOMICILE CHANGE** – list the NEW domicile state or country:

8. ☐ **PURPOSE / CHARACTER OF BUSINESS CHANGE** – state the NEW purpose or character
of business:

9. ☐ **MEMBERS CHANGE (CHANGE IN MEMBERS)** – *see Instructions L017i* – if a change is
being made with respect to one or more members, complete and attach the Amendment
Attachment for Members form L044. *The filing will be rejected if it is submitted without the
attachment.*

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10. ☒ **MANAGERS CHANGE (CHANGE IN MANAGERS)** – *see Instructions L017i* – if a change is being made with respect to one or more managers, complete and attach the Amendment Attachment for Managers form L043. *The filing will be rejected if it is submitted without the attachment.*

11. ☐ **MANAGEMENT STRUCTURE CHANGE** – *see Instructions L017i* – check only one box below and follow instructions:

☐ **CHANGING TO MANAGER-MANAGED LLC** – complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*

☐ **CHANGING TO MEMBER-MANAGED LLC** – complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*

12. ☐ **ADDRESS IN FOREIGN DOMICILE (PRINCIPAL OFFICE ADDRESS) CHANGE** – list the NEW address:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

13. ☐ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

13.1 Is the **NEW** Arizona known place of business address the same as the **street address** of the statutory agent? ☐ Yes – go to number 14 and continue.

☐ No – go to number 13.2 and continue.

13.2 If you answered "No" to number 13.1, give the **NEW physical or street address** (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

14. ☒ **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED** – *see Instructions L017i:*

14.1 **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:

14.2 **OPTIONAL** - Mailing address in Arizona of NEW Statutory Agent, if different from street address (can be a P.O. Box):

GARY L. FLETCHER

Statutory Agent Name

Attention (optional)

2970 N. SWAN - SUITE 221

Address 1

Address 2 (optional)

City TUCSON

AZ

State

85712

Zip

Address 2 (optional)

City

State

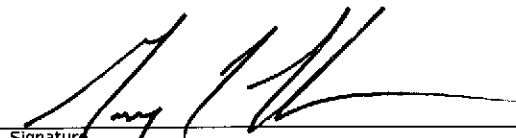
Zip

14.3 **REQUIRED** – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment

15. <input type="checkbox"/> STATUTORY AGENT CHANGE – ADDRESS OF EXISTING STATUTORY AGENT – complete 15.1 and/or 15.2:					
15.1 NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			15.2 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)			Address 2 (optional)		
City	State	Zip	City	State	Zip

16. ☐ OTHER AMENDMENT – if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the amendment.

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

 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:	<input checked="" type="checkbox"/> I am a duly authorized agent for this LLC.
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Filing Fee: \$25.00 (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) 800-345-5819.



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

AMENDMENT ATTACHMENT FOR MANAGERS

1. ENTITY NAME- give the exact name of the LLC as currently shown in A.C.C. records:

TITLE SECURITY AGENCY, LLC

2. A.C.C. FILE NUMBER: R19087478

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. Check one box only to indicate what document the Attachment goes with:

☐ Articles of Amendment ☒ Articles of Amendment to Application for Registration

4. MANAGERS CHANGE (CHANGE IN MANAGERS) – use one block per person - FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. **FOR NEW MANAGERS – in a separate block,** list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, use another Amendment Attachment for Managers form.

THOMAS SULLIVAN					
Name currently shown in ACC records			Name currently shown in ACC records		
THOMAS W. SULLIVAN, JR.			THOMAS W. SULLIVAN, SR.		
NEW Name			NEW Name		
6390 E. TANQUE VERDE			6390 E. TANQUE VERDE		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
TUCSON	AZ	85715	TUCSON	AZ	85715
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Add as manager			<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add as manager		
<input checked="" type="checkbox"/> Name change <input type="checkbox"/> Remove manager			<input type="checkbox"/> Name change <input type="checkbox"/> Remove manager		
Name currently shown in ACC records			Name currently shown in ACC records		
VIVIAN BOGGIE			GARY L. FLETCHER		
NEW Name			NEW Name		
6390 E. TANQUE VERDE			2970 N. SWAN - SUITE 221		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
TUCSON	AZ	85715	TUCSON	AZ	85715
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add as manager			<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add as manager		
<input type="checkbox"/> Name change <input type="checkbox"/> Remove manager			<input type="checkbox"/> Name change <input type="checkbox"/> Remove manager		

Clear

Print Form

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

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):

TITLE SECURITY AGENCY, 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:

GARY L. FLETCHER**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.


Signature

GARY L. FLETCHER

Printed Name

04-12-16

Date

REQUIRED – 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.
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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ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION

Print Form

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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:

TITLE SECURITY AGENCY, LLC

3. CALCULATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	25.00
Do you want EXPEDITED processing? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, add \$35.00	Subtotal:	35.00
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> LLC certified copies \$10.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
TOTAL YOUR AMOUNT OWED	TOTAL AMOUNT DUE:	60.00

4. PAYMENT METHOD:☐ MOD Account #**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):

<input checked="" type="checkbox"/> Email	Email address: gletcher@nflegal.com	
<input type="checkbox"/> Pick up	Name:	Phone:
<input type="checkbox"/> Mail	Name:	
	Address:	
	City:	State: Zip:
	Phone:	

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)**FOR ARIZONA CORPORATION COMMISSION USE ONLY****PICK-UP BY:** _____**DATE:** _____View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf



Premier Support Service

10 E. Broadway Suite 105 Tucson, AZ 85701
Office: (520) 798-2200 Fax: (520) 798-2201

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4-12-2016

Firm Name NYSTEDT & FLETCHER PLLC		Complete By (Date & Time)	Special Routine <input checked="" type="radio"/>
Address 2970 N. Swan Road Suite 221		Statute Date	Hearing Date & Time
City, St, Zip Tucson, AZ 85712		Attorney Name Gary L. Fletcher	Case Number
Phone# 520-881-3900	Fax# 520-881-3935	Secretary Name Amanda Currie	Client File# Title Secur. Agency LLC
Court Name Arizona Corporation Commission		Court County Pima	Dept/Div AZ Corp Commission
Case Title Manager Change for Title Security Agency LLC			

FILING

<input checked="" type="checkbox"/> File	<input type="checkbox"/> Issue	<input checked="" type="checkbox"/> Conform/Return	<input type="checkbox"/> Serve	<input type="checkbox"/> Return
<input type="checkbox"/> Record	<input type="checkbox"/> Index/Research	<input type="checkbox"/> Copy	<input type="checkbox"/> Certify	
<input type="checkbox"/> Self Addressed, Stamped Envelopes Attached. (Clerk will mail conformed copies)				
Judge's Name		Delivery to Judge? <input checked="" type="radio"/> Yes <input type="radio"/> No	Judge's signature Required? <input type="radio"/> Yes <input type="radio"/> No	
Appearance Fee Paid? <input checked="" type="radio"/> Yes <input type="radio"/> No		if, yes date paid _____		Advance Filing Fees? <input type="radio"/> Yes <input type="radio"/> No

Special Instructions

\$60.00 check attached for filing fees. Please expedite. Thank you.

DROP DATE

SERVICE OF PROCESS

Name of Person or Entity to be Served		APR 12 2016
Home Address	Work Name and Address	
Home Phone	Work Phone	
Witness Fees <input type="radio"/> None <input type="radio"/> Attached <input type="radio"/> Please Advance \$ _____		

Tucson

Service Instructions

Pickup Information

Delivery Information

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