AZ Corp. Commission
05438002

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ARIZONA CORP. COMMISSION CORPORATIONS DIVISION



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 LO20i

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: Uzona Hardware LLC
- 2. A.C.C. FILE NUMBER:

 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 KNOW	N PLACE O	F BUSINESS	ADDRESS:	<u> </u>		
3.1 REQUIRED - list t business address records (before ar	currently sho	wn in A.C.C.	3.2 Optional - List the NEW known place of business address in Arizona (must be a street or physical address):			
Marion Barlow						
Attention (optional)			Attention (optional)	·		
PO Box 803						
Address 1			Address 1			
Address 2 (optional)	AZ	86021	Address 2 (optional)			-
City Colorado City	State	Zip	City	State	Zip	
3.3 If you complete the street address	d 3.2, is the sof the statu	NEW known	place of business addre		the same as	
4 CHERRY						

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 or street address Arizona of the exist	s (not a P.(D. Box) in	4.2 REQUIRED - lis (if one exists in of the existing S	t the mailing address A.C.C. records) in Arizona tatutory Agent:
Arizona Contractor Licens	se Center	<u> </u>		
Statutory Agent Name				
Allison Christian				
Attention (optional)			Attention (optional)	
1010 E. Jefferson Street]	
Address 1			Address 1	
	_			
Address 2 (optional)	AZ	85034	Address 2 (optional)	
City Phoenix	State	Zip	City	State Zip

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4.3	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: Marion Barlow										
		Marion B	ariow			, , , , , , , , , , , , , , , , , , ,					
4.4	and follow instructions:										
	STREET ADDRESS CHANGED - complete number 4.5.										
		MAIL:	ING ADDI	RESS CHAN	IGED -	- complete	number 4.	6.			
physi	cal or	EET ADDR street add of the exist	ress (not a	P.O. Box)	4.6	mailing a	ILING ADI ddress in Ai agent (can	rizona of th	ive the NEW le existing Box):		
Marion Ravlow					7	Parior	7 Bar	(occ)			
380 South Raylow St					Attention (optional) P.O. Rox 803 Address 1						
		· · · · · · · · · · · · · · · · · · ·				_					
Address 2 (options) C	ity	AZ State	8692/ Zip		2 (optional) Vaco	city	AZ State	86021		
and	i comi	piete the fo	llowing for	the NEW :	statut	ory agent					
street	iuai oi addre	- give the r r an entity) ess (not a P statutory a	and physi .O. Box) ii	cal or	5.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):						
Marion Barl	ow			i							
Statutory Agent Name					Marion Barlow						
Attention (optional)					Attention (optional)						
380 S. Barlow Street				PO Box 803							
Address 1					Address 1				·		
Address 2 (optional	-	,	AZ	86021		(optional)		AZ	86021		
5.3 REQU	IRED	– if you are	state appointing	g a new sta	tutory	agent, the	Statutory	State Agent Acce	z _{ip} eptance		
IOFIN I		must be su	inmitted 91	ong with th	is Stat	ement of (Change form	n. 			

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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	
Marion Barlow	Marion Barlow	3-21-2016
Boryltore	Printed Name	Date

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

And the state of t		
Filing Fee: \$5.00 (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing – add \$35.00 to filing fee.		1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	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.

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.

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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., Arţicles of Organization or Article of Incorporation):

UZONA HARDWARF 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:

Varion C Barloce

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.

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.

Arizona Corporation Commission - Corporate Filings Section Mail:

1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

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<u>COMMISSIONERS</u> DOUG LITTLE - Chairman

BOB STUMP BOB BURNS TOM FORESE ANDY TOBIN



JODI JERICH Executive Director

PATRICIA L. BARFIELD Director Corporations Division

ARIZONA CORPORATION COMMISSION

CORPORATIONS DIVISION 1300 West Washington Phoenix, Arizona 85007-

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APR 1 2 2016

UZONA HARDWARE LLC PO BOX 803

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

COLORADO CITY, AZ 86021

Effective Date: 03/28/2016

File No: L-1906426-8

Received Date: 03/25/16

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is REJECTED and is being returned for the following reasons:

Statutory Agent must sign consent to act in that capacity, or to change his/her address. The following must be included in the address change, "a copy of this address change has been mailed to the corporation, "per A.R.S. 10-502.C."

A Manager/Member must sign (if management is vested in managers) or a Member (if the management is reserved to the members) A.R.S.29-605.B

IMPORTANT INFORMATION:

FORMS ARE AVAILABLE AT THE CORPORATIONS DIVISION WEB SITE http://ecorp.azcc.gov

To successfully process your document and avoid further delays, it is imperative that you return the following information to the Corporations Division.

- 1. A copy of this letter and all pages of the rejected document.
- 2. The corrected document, a NEW Cover Sheet, plus any additional paperwork or filing fees, as required within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to documentintake@azcc.gov.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO http://ecorp.azcc.gov. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD,

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THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.

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PICK-UP BY:



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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

1. WHAT AI	RE YOU FILING?								
	Change to	existina	entity [Re-subi	nission/Correct	tion			
	ej onange to t	g	cricity ¿		11/33/01/7 COTTECT	LIOIT			
2. ENTITY	NAME:								
UZONA HARD	WARE LLC								
	<u> </u>				-				
3. CALÇULA	ATE YOUR FEES (opies, cer	tificate of go	od standing	and expedited pro-	cessing a	re all op	otional):	
Document filir	ng fee (fees are listed	on the bo	ottom of the	form or on t	he fee schedule)	Subtot	al:	
Do you want I	EXPEDITED proces	sing?	✓ YES	NO	If YES, add \$	\$35.00	Subtot	al: 3	5.00
Corporatio	n certified copies	\$ 5.00	each x	(enter nur	nber of copies requ	uested)	Subtota	al:	
LLC certifie	ed copies	\$10.00	each x	(enter nur	nber of copies requ	lested)	Subtot	al: 1	0.00
Certificate	of Good Standing	\$10.00	each x	(enter nur	nber of copies requ	ested)	Subtota	al:	
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Checks or mon	ey orders - must be n	nade paya	ble to "Arizo	na Corporati	on Commission." w	vith all wo	rds spe	elled out a	and คo
abbreviations. C	hecks must be complet inted or preprinted nar	ely and pr	roperly filled	out, includir	o the amount secti	ions. UNA	CCEPTA	ABLE CHE	CKS
handwritten or s	stamped names, addres	ses, or ch	eck numbers	: temporary	checks (new accor	unts).			
Credit cards - :	may be used for in-perses of good standing. We	son submi	ttals, and for	online corp	oration annual repo	orts, onlin	e name	reservat	ions, or
			11 Y 130, 1103	cercord, and	And Idail Express	, _			
5. REQUIRE	ED - RETURN DEL	.IVERY	OPTION (PLEASE P	RINT CLEARLY	and sel	ect on	IIY ONE) :
☐ Email	Email address:							•	
Pick up	Name:				Phone	e:			
☑ Mail	Name: Marion Barlo	ow.			<u> </u>				
- 	Address: PO Box 803								
	City: Colorado City	,		State	: AZ		Zîp;	86021	
	Phone: 435 467 8	844							
DOCUMENTS N	NTIL RE MATIEN TE T	UEV APE	NOT DICKE	D UD TN A	TTMELV MANNER	/ADDEA	VIMAT	ELV ONE	······································

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

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