#### AZ CORPORATION COMMISSION ARIZONA CORP. COMMISSION **FILED** FILED

MAY 1 1 2016

MAR 2 8 2016



FIENOL- 09573980

FILE NO. <u>L. 09573980</u>

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

#### **ARTICLES OF AMENDMENT**

						Read the I	nstruc	ctions <u>L015i</u>			
1.	ENT	ITY NAME -	give	the exa	act name of th	he LLC as curr	ently s	hown in A.C.C. re	cords:		
	X-S	SPAC, LLC									
2.	A.C.	C. FILE NUM	IBER	L 09:						,	
	Find	the A.C.C. file	numbe	r on the	upper corner o	of filed documen	ts OR o	n our website at: htt	p://www.a	zcc.gov/Division	s/Corporations
-	_					ANGE BEI			_		
CO	MPL 	EIE IME I	₹₽Q	UESTI	ED INFOR	MAIION F	OK I	HAT CHANGE	:		
3.		ENTITY NA	ME C	HANGE	E – type or pr	rint the exact	NEW n	ame of the LLC in	the space	e below:	
4.		CURRENTLY S information fo that member.	HOWN r that FOR	IN A.C. member NEW ME	.C. RECORDS - r (new name ar MBERS - <b>in a</b> :	list the name of nd/or address), separate block	each m then che , list the	tructions L015i — Comber being change eck all boxes that appending the NEW North the Amendment At	ed, and bel ply to indic Name blank	ow that provide tate the change I cand give the ac	any new being made for Idress, and check
Mas	ilan l	I Adam					Dona	las S Hayhurst			
		J Aden itly shown in ACC	record	s				currently shown in ACC	records		
NEW	Name				——————————————————————————————————————		NEW N	ame		<del></del>	
							11010	0 S. State Route	69		
Addr	ess 1	- WANTA COLOR					Addres	s i			
Addr	ess 2 (a	otional)					Addres	s 2 (optional)			0.000
Cit.					Croto as	77:-	Maye	er		AZ State or	86333
City				-	State or Province	Zip	City	UNITED ST	ATES 🖸	Province	Zip
Cour	itry						Countr	У			
		ess change	$\checkmark$		20% or more			Address change		i as 20% or m	
Ш	Nam	e change			less than 20	% member		Name change		i as less than 2	20% member
			<u> </u>	Remov	e member		<u> </u>		Rer	nove member	
Da	vid P	Aden					Kare	n L Glover			
Mam	e currer	ntly shown in ACC	record	S			Name	currently shown in ACC	records		
NEW	Name			***			NEW N	ame		***************************************	
							<b>A.J.J.</b>				
Adar	ess 1						Addres	35 1			
Addr	ess 2 (o	optional)					Addres	s 2 (optional)	THE PERSON AND THE PE		
City				<b>-</b>	State or Province	Zip	City			State or Province	Zip
Cour		ress change	[7]	Add ac	20% or mor	e memher		Address change	Δ.d.	d as 20% or m	ore member
$\exists$		e change			less than 20			Name change		d as less than 2	
_			,		e member	· · · · · · · · · · · · · · · · · · ·		<b>3</b>	$\equiv$	nove member	

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5.					- Use one block per person - FOF		
					changed, and below that provide any oxes that apply to indicate the chang		
					oxes that apply to indicate the chang e in the NEW Name blank and give th		
					ttach the Amendment Attachment fo		
Nar	ne curre	ently shown in ACC records			Name currently shown in ACC records		
NE	Name №		THE TAXABLE PARTY OF THE PARTY		NEW Name		TO THE TRANSPORT OF THE PROPERTY OF THE PROPER
Add	iress 1	The state of the s			Address 1		ANAMA MANAMA ANAMA
Add	iress 2 (	(optional)			Address 2 (optional)		
		. Vandadi in Androi in anna anna anna anna anna anna anna					
City	,	-	State Provin		City	State or Province	Zip
C	intry		<u> </u>				
		_			Country		
L	Add	lress change 🔲 Add	as mana	nger	Address change Ad	d as manag	ger
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·					· · · · · · · · · · · · · · · · · · ·		
_		MANACEMENT CTD	LOTUBE	CUANCE I	tiana 2015i - ahaala anka ana h		
6.	Ш	instructions:	CIURE	CHANGE - 588 111511	<u>uctions L015i</u> – check only one b	ox below a	na tollow
			ANIACE	MANACED UC. com	nplete and attach the Manager S	tructuro At	tachmant
					bmitted without the attachment.		raciiiielir
			_	-	olete and attach the Member Str		chment form L041
				if it is submitted with		<u> </u>	<u> </u>
		-	-				
				- NIPIAL A CENTE	**ANATOR ***		
7.		STATUTORY AGENT	CHANG	E - NEW AGENT	APPOINTED - <u>see Instructions</u>	L015i <b>:</b>	
	7.1	. REQUIRED - give the	name	can be an individual	7.2 OPTIONAL - mailir	g address i	in Arizona of
		or an entity) and ph	ysical d	or street address	NEW Statutory Age		
		(not a P.O. Box) in A	rizona ot	the NEW statutory			
						******	
***************************************		agent:					25.00
**********		agent.					
Stat	utory Ac						
Stat	utory Ag	gent Name (required)					.,,
		gent Name (required)	***************************************		Attention (optional)	, , , , , , , , , , , , , , , , , , , ,	
			***************************************		Attention (optional)		• • • • • • • • • • • • • • • • • • • •
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Add Add City	ntion (o ress 1 ress 2 (d	gent Name (required)  optional)  REQUIRED — the Stat Amendment.  STATUTORY AGENT and/or 8.2:	utory Ag	ent Acceptance form  SS CHANGE - ADDR	Address 1  Address 2 (optional)  City  MO02 must be submitted along versions of current statutory	vith these A	Articles of complete 8.1
Add Add City	ntion (o ress 1 ress 2 (d	gent Name (required)  optional)  REQUIRED — the Stat Amendment.  STATUTORY AGENT and/or 8.2:  NEW physical or sta	ADDRE	ent Acceptance form SS CHANGE - ADDR	Address 1  Address 2 (optional)  City  MO02 must be submitted along v  ESS OF CURRENT STATUTORY  8.2 NEW mailing add	vith these A  AGENT -  Iress in Ari	complete 8.1
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Add Add City	7.3	gent Name (required)  ptional)  REQUIRED — the Stat Amendment.  STATUTORY AGENT and/or 8.2:  NEW physical or stat (not a P. O. Box) in A statutory agent:	ADDRE	ent Acceptance form SS CHANGE - ADDR	Address 1  Address 2 (optional)  City  M002 must be submitted along v  ESS OF CURRENT STATUTOR)  8.2 NEW mailing address statutory agent (compared to the compared to the comp	vith these A  AGENT -  Iress in Ari	complete 8.1
Add Add City  8.	ress 2 (d 7.3 8.1	gent Name (required)  ptional)  REQUIRED — the Stat Amendment.  STATUTORY AGENT and/or 8.2:  NEW physical or stat (not a P. O. Box) in A statutory agent:  S Hayhurst	ADDRE	ent Acceptance form SS CHANGE - ADDR	Address 1  Address 2 (optional)  City  M002 must be submitted along v  ESS OF CURRENT STATUTORY  8.2 NEW mailing address statutory agent (company)	vith these A  AGENT -  Iress in Ari	complete 8.1
Add Add City  8. Do Atte	ress 2 (c 7.3 8.1 uglas	gent Name (required)  ptional)  REQUIRED — the Stat Amendment.  STATUTORY AGENT and/or 8.2:  NEW physical or stat (not a P. O. Box) in A statutory agent:  S Hayhurst optional)	ADDRE	ent Acceptance form SS CHANGE - ADDR	Address 1  Address 2 (optional) City  M002 must be submitted along v  ESS OF CURRENT STATUTORY  8.2 NEW mailing address statutory agent (company)  Douglas S Hayhurst Attention (optional)	vith these A  AGENT -  Iress in Ari	complete 8.1
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Add Add City  8.  Do Atte	ress 2 (c 7.3 8.1 uglas	gent Name (required)  ptional)  REQUIRED — the Stat Amendment.  STATUTORY AGENT and/or 8.2:  NEW physical or stat (not a P. O. Box) in A statutory agent:  S Hayhurst optional)	ADDRE	ent Acceptance form SS CHANGE - ADDR	Address 1  Address 2 (optional) City  M002 must be submitted along v  ESS OF CURRENT STATUTORY  8.2 NEW mailing address statutory agent (company)  Douglas S Hayhurst Attention (optional)	vith these A  AGENT -  Iress in Ari	complete 8.1
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Add Add City  8.  Do Atte	7.3  8.1  uglas ention (c) 10 S. ress 1	petional)  REQUIRED — the State Amendment.  STATUTORY AGENT and/or 8.2:  NEW physical or state (not a P. O. Box) in A statutory agent:  S Hayhurst optional)  State Route 69	ADDRE	ent Acceptance form SS CHANGE - ADDR	Address 1  Address 2 (optional) City  M002 must be submitted along v  ESS OF CURRENT STATUTORY  8.2 NEW mailing address statutory agent (company)  Douglas S Hayhurst Attention (optional) 11010 S. State Route 69	vith these A  AGENT -  Iress in Ari	complete 8.1

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9.	$\checkmark$	ARI	ZONA KNO	OWN PLACE OF	BUSINESS AD	DRESS CI	IANGE:		
	9.1	Is th	e NEW Ari:	zona known plac	e of business ad	ldress the	same as the stre	et address of the stat	utory agent?
		$\checkmark$	Yes - go	to number 10 a	ind continue				
			No – go	to number 9.2	and continue				
	9.2			d "No" to numbers of the LLC in		NEW phys	ical or street a	ddress (not a P.O. Bo	ex) of the known
			Attention (o	ptional)					
			Address 1	MANAGANGAN, 61-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					***************************************
			Address 2 (o	optional)					
			City Country		<u> </u>	▼	State or Province	Zip	
10.		URA	TION CHA	ANGE – check	one to indicate t	the <b>NEW</b> d	uration or life pe	riod of the LLC:	-
			Perpetual						
			The LLC's	life period will e	nd on this <b>date</b> :		(e	enter a date – mm/dd	(yy)
			The LLC's	life period will e	nd upon the occ	urrence of	this <b>event</b> :		
									(describe an event)
11.		ENTI	TY TYPE C	CHANGE - if ch	anging entity ty	pe, check	one and follow in	structions:	
							st also be comple		
			Changing	to a NON-PROFE	SSIONAL LLC (	professiona	I LLC becoming	a regular LLC).	
12.		<b>PROF</b> rende		L SERVICES CH	IANGE – descri	ibe the <b>NE</b>	<b>W</b> type of profes	sional services the pr	ofessional LLC will
13.								sed by the check boxe LC's written amendme	
SIGN	UTAN	IRE:					knowledge <i>unde</i> opliance with Ariz	r <i>penalty of perjury</i> tr cona law.	at this document
· · · · · · · · · · · · · · · · · · ·	که.	- /	. S &	d. 1	<u> </u>	✓ I ACC	EPT Hayhurst		05/09/2016
Sign	ature	oj uz	× × 0	my news		rinted Name	2207 1111151		Date (mm/dd/yy)
REQ	UIRE	<b>D</b> – c	heck only	one and fill in th	ie corresponding	blank if si	gning for an enti	ty:	
×	indiv	vidual		managed LLC a nager or I am :				ber-managed LLC a a member or I am s led:	
			s S Hayhu	ırst					
		-	•			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		in in an annual desiration of the second of	

Filing Fee: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section Expedited processing – add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 Fax:

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.

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 MEMBERS**

. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:  X-SPAC, LLC							
2. A.C.C. FILE NUMBER: L 09573980							
Find the A.C.C. file number on the upper corner of filed documen	nts OR on our website at: http://www.azcc.gov/Divisions/Corporations						
3. Check one box only to indicate what doc	ument the Attachment goes with:						
Articles of Amendment Articles	of Amendment to Application for Registration						
<ul> <li>list the name of each member being changed, and belonew name and/or address), then check all boxes that a</li> </ul>	pply to indicate the change being made for that member. FOR the NEW Name blank and give the address, and check the						
Name currently shown in ACC records	Name currently shown in ACC records						
Christina J Hayhurst	Number currently shown in Acce records						
NEW Name	NEW Name						
4410 Westlawn Dr.	Address 1						
Address 2 (optional)	Address 2 (optional)						
Nashville TN 37209	City State or Zip						
Province	Province						
Country	Country						
Address change Add as 20% or more member	Address change Add as 20% or more member						
Name change Add as less than 20% member	Name change Add as less than 20% member						
Remove member	☐ Remove member						
N	Name currently shown in ACC records						
Name currently shown in ACC records	Name correlacy shown in Acc records						
NEW Name	NEW Name						
Address 1	Address 1						
Address 2 (optional)	Address 2 (optional)						
City State or Province Zip	City State or Zip Province Country						
Address change Add as 20% or more member	Address change Add as 20% or more member						
Name change Add as less than 20% member	Name change Add as less than 20% member						
Remove member	Remove member						

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# AZ CORPORATION COMMISSION FILED

# AZ CORPORATION COMMISSION

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	054	41913	>	

FILE NO. 120987	3980 PEN	0	
	DO NOT WRITE ABOVE THE	IS LINE; RESERVED FOR ACC USE ONLY.	
		OF AMENDMENT Instructions <u>L015</u> ;	
1. ENTITY NAME - give the ex-			
X-SPAC, LLC	ace name of the tite as co	rrently shown in A.C.C. records:	
2. A.C.C. FILE NUMBER: L095	73980		
		ints OR on our website at: http://www.a:	cc.gov/Divisions/Corporations
CHECK THE BOX NEXT TO COMPLETE THE REQUEST!	EACH CHANGE BE: ED INFORMATION	ING MADE AND FOR THAT CHANGE	
<u></u>		: NEW name of the LLC in the space	below:
information for that member that member. FOR NEW ME	(new name and/or address),	see instructions LO15i - Use one bloof each member being changed, and belo then check all boxes that apply to indicate, list the name in the NEW Name blank and attach the Amendment Attachment for	w that provide any new the the change being made for
Marilyn J Aden		Douglas S Hayhurst	
Name currently shown in ACC records		Name currently shown in ACC records	
NEW Name		NEW Name	
Address I		11010 S. State Route 69	
		Address 1	
Address 2 (optional)		Address 2 (optional)	AZ 86333
City	State or Zip	Mayer City	AZ 86333 State or Zip
Country		UNITED STATES -	Province
☐ Address change ☑ Add as:	20% or more member		ss 20% or more member
F-3	less than 20% member		as less than 20% member
Remove	member		ove member
David P Aden Name currently shown in ACC records		Karen L Glover	
NEW Name			
sacta india6		NEW Name	
Address 1		Address 1	
Address 2 (optional)		Address 2 (aptional)	
	State or Zip Province	City .	State or ZIp
Country		Country	
F1 .	20% or more member	Address change Add a	s 20% or more member
r-wite	ess than 20% member	Name change	s less than 20% member
∴ Remove	member	Remo	Ve member

Remove member

± 1

<b>5.</b> []	IN A.C.C. RECORDS - that manager (new na FOR NEW MANAGERS appropriate box, If n	list the nan me and/or ~ <b>in a sep</b> a	ne of eact address), arate blo	h manager being , then check all l ck. list the nam	chang boxes to e in the	ed, and below that hat apply to indica NFW Name blank	provide a te the cha and give	ny nev	v informat ing made dress and	ion for for that manager   check the	
								_			
Name ourre	ently shown in ACC records	· ,,			Name	currently shown in A	C records	<del></del>			
NEW Name		<del></del>		*	NEW I	lame					
Address 1	·	·			Addre	55 1			<del></del>		
Address 2 (	optional)			Ţ <u>-</u>	Addres	ss 2 (optional)			_ <del></del>		
City		5tate Prov		Zip	City				State or Province	Zip	
Country		<u></u>			Counti	<u>y                                    </u>					
Addi	ress change 🔲 Ad	ld as man	адег			Address change	ПА	ldd as	manage	r	ſ
Narr	e change Re	move ma	nager			Name change			e manag		
7.	CHANGING TO The filing will be STATUTORY AGENT	MANAGEI e filing wi MEMBER- e rejected T CHANG	R-MANAO II be reje MANAGE II if it is s E - <b>NE</b>	GED LLC — corected if it is su ED LLC — composited with  W AGENT in an individual	nplete ibmitte plete a lout th	and attach the I d without the at nd attach the M e attachment.  NTED - see Ins 7.2 OPTIONA	Manager tachmen ember Si truction:	Structure tructure s 1015	ture Attach	chment ment form L04 Arizona of	11.
	or an entity) and p (not a P.O. Box) in agent:	Arizona o	or stree f the NE	et address W statutory		NEW Sta	tutory A	gent (	can be a	P.O. Box):	
Statutory Agi	ent Name (required)				}						
Attention (op	tional)	· <del>-</del>	<del></del> -		Artent	lon (optional)	·····	<del></del>			
Address 1		<u> </u>			Addre	\$5 1				<del> </del>	
Address 2 (or	otional)	<del></del>	<del></del>		Addre	ss 2 (optional)	<del></del>				
City		State	Zip		City			5	tate	Zip	
7.3	REQUIRED - the Sta Amendment.	tutory Ac	ent Acce	eptance form !	4002 r	nust be submitte	d along	with t	hese Art	cles of	<del></del>
8. 📝	STATUTORY AGENT	ADDRE:	SS CHAI	NGE - ADDRI	ESS OI	CURRENT ST	ATUTOR	Y AGI	ENT - co	mplete 8.1	
8.1	NEW physical or s (not a P. O. Box) in statutory agent:	<b>treet add</b> Arizona of	iress the exis	sting		8.2 NEW ma statutory	illing ad agent (	dress can be	in Arizo a P.O. (	na of the existi Box):	ing
Douglas S	Hayhurst			·		glas S Hayhurs	t				
•	State Route 69				l	ion (optional) 0 S. State Rou	to 60				
Address 1	VIIII (10410 0)						LC 0.5		···········		
Address 1					Addres		.C 03	<del></del>	<del>.,</del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
	tionai)	AZ	8633:	3	Addres				AZ	86333	

9.1				of Business A					
	Is the	NEW Aria	zona known pla	ace of business a	iddress t	he same as	the stree	et address of the	e statutory agent?
				and continue					
	<del></del>			2 and continue					
9.2	If you place	of busine:	d "No" to numi ss of the LLC in	ber 9.1, give the n Arizona:	NEW p	hysical or s	treet ac	ddress (not a P.	O. Box) of the known
	1	_	<del>.</del> <del>.</del>						
	-	Attention (or	tional)						
	]	vaccandon (of	County						
		Address 1					<u> </u>	<del></del>	
	<u> </u>	Address 2 (o	ptional)						
	ſ					1		1	
		City					ite or	ZIp	
		Country				Pro	vince		
o. 🗀	DURAT	ION CHA	NGE - checi	k one to indicate	the <b>NEV</b>	<b>V</b> duration o	r life ner	rind of the HC:	
	_						<b>o</b> poi	THE ST CITE LESS.	
		Perpetual							
	ו 📋 י	The LLC's	life period will	end on this date	:		{e	nter a date - mi	m/dd/yy)
	<del>1</del>	he LLC's	life period will	end upon the occ	currence	of this eve	nt:		
									Ada the comment
	_		<del></del>		<del></del>				(describe an event)
1.	FATTT	V TVDE	UANCE S.				P. 11 4		
<u> </u>	PIAITI	ITTE	HANGE - IT C	changing entity ty	/pe, cne	ck one and t	ollow ins	structions:	
		Changing t	to a PROFESSI	ONAL LLC - num	ber 12 r	nust also be	complet	ted.	
		Changing 1	to a NON-PROF	FESSIONAL LLC (	professi	onal LLC bed	coming a	regular LLC)	
				•	,			· · · · · · · · · · · · · · · · · · ·	
2.	PROFE render	SSIONAI	. Services C	HANGE - descr	ribe the	NEW type o	f profess	sional services t	he professional LLC will
	renuer								
• []			havehaw' is a						_
з. 🗌	OTHER	AMEND	MENT - if an	amendment was	made t	hat was not	address	ed by the check	boxes on this form, then
3. 🗍	OTHER	L AMEND	MENT - if an	amendment was cles of Amendmen	made tom	hat was not oplete copy o	address	ed by the check C's written ame	boxes on this form, then
3. 🗍	OTHER	AMENDI	MENT - if an	amendment was des of Amendmen	s made ti nt a com	hat was not oplete copy (	address of the LL	ed by the check C's written ame	boxes on this form, then ndment.
	OTHER you m	ust att <b>ac</b> r By check	i to these Artic	cles of Amendme parked "I accept"	nt a com below. I	aplete copy o	of the LL: se <i>under</i>	C's written ame	boxes on this form, then ndment.  ary that this document
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Please be advised that ALLE. Forms reflect only the imministration provided and are open for public inspection, 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,

The state of the s			
DO NOT V	WRITE ABOVE T	HIS LINE; RESERVED FOR ACC USE ONLY.	
AMENDME	NT ATT	ACHMENT FOR MEMBERS	
		he LLC as currently shown in A.C.C. re	cords:
2. A.C.C. FILE NUMBER: L 095739	980		
Find the A.C.C. file number on the upper corner of	of filed docum	nents OR on our website at: http://www.azcc.gov/Divi	
3. Check one box only to indicate		website at: http://www.azcc.gov/Divi	ions/Corporation
3. Check one box only to indicate	what do	cument the Attachment goes with	:
El Articles of Athlendment	Articles	s of Amendment to Application for Rec	istration
	boxes that a	on - FOR MEMBERS CURRENTLY SHOWN IN A.C iow that provide any new information for that n apply to indicate the change being made for that in the NEW Name blank and give the address, at Amendment Attachment for Members form.	C.C. RECORDS nember of member, FO nd check the
Same currently shown in ACC records			# <b></b>
hristina 1 Hayburst		Name currently shown in ACC records	
		NEW Name	
1410 Westlawn Dr			-
address 2 (optional)		Address 1	
Jachvilla -	27200	Address 2 (optional)	<del></del>
«y	37209 Zip	City	
Suntry		State or Province	Zip
Add as 20% or more m  Name change  Remove member		Country  Address change Add as 20% or m  Name change Add as less than  Remove member	
me currently shown in ACC records		Name currently shown in ACC records	
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reas 2 (optional)		Address Z (optional)	
State or Zip			
Province		State or Province	ZIÇ
		Country	
Name change Add as 20% or more me	ember	Address change Add as 20% or mo	

☐ Name change

Name change

Add as less than 20% member

Remove member

Add as 20% or more member

Add as less than 20% member

Remove member

	, ,	

COMMISSIONERS

DOUG LITTLE - Chairman

BOB STUMP

BOB BURNS

TOM FORESE

ANDY TOBIN



JODI JERICH Executive Director

PATRICIA L. BARFIELD Director Corporations Division

#### **ARIZONA CORPORATION COMMISSION**

RECEIVED

MAY 1 1 2016

X-SPAC, LLC 802 SCHENNER DR ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

PRESCOTT, AZ 86301

Effective Date: 05/04/2016 File No: L-0957398-0

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 being returned for the following reasons:

The filing fee has been deposited.

Articles/Application for amendment (LLC) must provide the name(s), title(s), and address(es) of each person who is a manager or member to be added, changed or removed.

Amendment Attachment for Members Form:

Article #3 Please correct/mark Articles of Amendment and remove mark from Articles of Amendment to Application for Registration.

### IMPORTANT INFORMATION:

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Limited Liability Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

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, NEW Cover Sheet, plus any additional paperwork or filing fees, as requested 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.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

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, 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.

MAR 28 2018

MAY 1 1 2016

CORPORATION COMMISSION	ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION	CORPORATIONS DIVISION



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## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

# **COVER SHEET**

# **USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**

1. WHAT A	RE YOU FILING?					
☐ New Entity	Change to	existing entity [	Re-submission/Correction			
2. ENTITY	NAME:					
X-SPAC, LLC						
3. CALCULA	TE YOUR FEES (	oples, certificate of go	od standing and expedited processing	are all option	al):	
			form or on the fee schedule)	Subtotal:	25.00	
Do you want I	EXPEDITED proces	sing? YES	NO If YES, add \$35.00	Subtotal:		
	n certified copies	\$ 5.00 each x	(enter number of copies requested)	Subtotal:	·	
LLC certifie		\$10.00 each x	(enter number of coples requested)	Subtotal:		
Certificate	of Good Standing	\$10.00 each x	(enter number of copies requested)	Subtotal:		
TOTAL YOUR AN	HOUNT OWED		TOTAL AMO	UNT DUE:	25.00	
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 address: DSHayhurst@gmail.com						
Pick up	Name;		Phone:	· · · · · · · · · · · · · · · · · · ·		
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 A	RIZONA CORPORAT	TON COMMISSION USE ONLY			
PICK-UP BY: DATE:						

## RECEIVED

MAY 1 1 2016

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

DO NOT WE	ITE ABOVE THIS LINE:	RESERVED FOR	ACC USE	ONLY.

#### **ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION**

# **COVER SHEET**

### **USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**

L. WHAT A	RE YOU FILING?		
New Entity	☐ Change to existing entity		
. ENTITY	IAME:		
X-SPAC, LLC			
. CALCULA	TE YOUR FEES (copies, certificate of good standing and expedited processing		1):
	g fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	0
Do you want I	XPEDITED processing? YES NO If YES, add \$35.00	Subtotal:	
Corporatio	certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
LLC certific	d copies \$10.00 each x (enter number of copies requested)	Subtotal:	
Certificate	of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
TOTAL YOUR AN	OUNT OWED TOTAL AM	OUNT DUE:	0
include: no impr handwritten or s Credit cards - online certificate	necks must be completely and properly filled out, including the amount sections. United or preprinted name and address of the account holder; no imprinted or prepriamped names, addresses, or check numbers; temporary checks (new accounts). The second property of the second submittels, and for online corporation annual reports, or of good standing. We accept only Visa, MasterCard, and American Express.  D - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and second standards). DSHavburgt@amail.com	inted check nu iline name rese	mber; rvations, or
	Email address: DSHayhurst@gmail.com		
☐ Pick up	Name: Phone:		
Mail	Name:		
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	City: State:	Zip:	
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DOCUMENTS !	VILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APP	ROXIMATELY	ONE WEEK
	FOR ARIZONA CORPORATION COMMISSION USE ONLY	<u> </u>	
PICK-UP B	Y:DATE:		
	current processing times at: www.azcc.gov/Divisions/Corporations/document-proc	assing times n	df