APR 27 2016

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION 05473125

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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, and 4.2 must be completed. The form will be rejected if those sections are not completed.

- ENTITY NAME give the exact name of the LLC as currently shown in A.C.C. records: 5175 WADE LANE FLAGSTAFF, LLC
- 2. A.C.C. FILE NUMBER: L19040180
 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):			
5175 WADE LANE FLAGS	TAFF, LI	c	l	WADE LANE FLA	AGSTAFF, I	LLC
ATTN: EASY STREET PROPERTIES,LLC		ATTN: EASY STREET PROPERTIES, LLC				
Address 1 5125 WADE LN			5197 WADE LN			
Address 2 (optional)	AZ	86004	Address	2 (optional)	ΑZ	86004
City FLAGSTAFF	State	Zip	city F	LAGSTAFF	State	Zip
3.3 If you completed 3. the street address of	2 , is the the statu	NEW known tory agent?		f business address Yes	s in Arizona	the same as

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 or street addr Arizona of the e	<i>ess</i> (not a P.	O. Box) in	4.2 REQUIRED – list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:			
DAVID DUNCAN Statutory Agent Name			_			
			DAVID DUNCAN			
Attention (optional)			Attention (optional)			
5125 WADE LANE			5125 WADE LANE			
Address 1			Address 1			
Address 2 (optional)	AZ	86004	Address 2 (optional)	AZ	86004	
_{Clty} FLAGSTAFF	State	Zip	City FLAGSTAFF	State	Zip	

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the existing agent has	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:					
and follow inst	ructions: ET ADDR	ESS CHANG	RY AGENT ADDRESS SED – complete numl	ber 4.5.	at apply	
4.5 NEW STREET ADDR physical or street add in Arizona of the exist	ress (not	a P.O. Box)	mailing addre	NG ADDRESS - ess in Arizona of nt (can be a P.C	the existing	
DAVID DUNCAN Attention (optional)			DAVID DUNCAN Attention (optional)			
Address 1 5197 WADE LANE			PO BOX 2967 Address 1			
Address 2 (optional) FLAGSTAFF City	AZ State	86004 zip	Address 2 (optional) FLAGSTAFF City	AZ State	86003-2967	
5. NEW STATUTOR and complete the fo	Y AGENT	– if a new stor the NEW s	tatutory agent is bein	ng appointed, ch	neck the box	
5.1 REQUIRED - give the individual or an entity street address (not a of the NEW statutory and statu	name (ca) and phy P.O. Box)	n be an sical or	5.2 OPTIONAL - n	nailing address y Agent (can be		
Statutory Agent Name						
Attention (optional)			Attention (optional)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Address 1		Address 1				
Address 2 (optional) City	State	Zip	Address 2 (optional) City	State	Zip	
5.3 REQUIRED – if you ar form M002 must be s			atutory agent, the St	atutory Agent A		

			₩. No.es
		4 4	

SIGNATURE – <u>see Instructions L020i</u> 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.

Signature	DAVID DUNCAN Printed Name	4-25-2016 Date
REQUIRED - check only one and	fill in the corresponding blank if signi	ing 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 an entity member named:	I am a Statutory Agent changing only my own address and/or my own name.
	EASY STREET PROPERTIES LL	

Fax: 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.

602-542-4100

Expedited processing - add \$35.00 to filing fee.

All fees are nonrefundable - see Instructions.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

1300 W. Washington St., Phoenix, Arizona 85007

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COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

1. WHAT A	RE YOU FILING?					
☐ New Entity		kisting entity [Re-submis	sion/Correction		
2. ENTITY	NAME:					
5175 WADE L	ANE FLAGSTAFF, LL	С				
3. CALCULA	TE YOUR FEES (co	pies, certificate of go	od standing and	d expedited processing	are all optiona	ni):
Document filir	ng fee (fees are listed o	n the bottom of the	form or on the 1	ee schedule)	Subtotal:	\$5.00
Do you want I	XPEDITED process	ing? YES	√ NO	If YES, add \$35.00	Subtotal:	
☐ Corporatio	n certified copies	\$ 5.00 each x	(enter numbe	r of copies requested)	Subtotal:	
LLC certifie	ed copies	\$10.00 each x	(enter numbe	r of copies requested)	Subtotal:	
☐ Certificate	of Good Standing	\$10.00 each x	(enter numbe	r of copies requested)	Subtotal:	
TOTAL YOUR AN	OUNT OWED			TOTAL AM	OUNT DUE:	\$5.00
MOD Accordant Moderate Moderat	ail cash. Cash may be use orders - must be maked to make the complete inted or preprinted name tamped names, address may be used for in-persons of good standing. We are	nde payable to "Arizo ly and properly filled e and address of the es, or check numbers on submittals, and for accept only Visa, Mas	na Corporation out, including t account holder; s; temporary ch r online corpora sterCard, and A	he amount sections. Uno imprinted or prepiecks (new accounts). tion annual reports, or merican Express.	NACCEPTABLE inted check nu nline name rese	CHECKS mber; ervations, or
	D - RETURN DELI		(<u>PLEASE PRI</u>	NT CLEARLY and s	select only C	NE):
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	City:		State:		Zip:	
	Phone:			·		
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View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

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