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

CORPORATION STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS, PRINCIPAL OFFICE ADDRESS, OR STATUTORY AGENT

Read the Instructions C016!

NOTE *– no matter what is being changed, numbers 1, 2, 3.1, 5.1, and 5.2 must be completed. The form will be rejected if those sections are not completed.*

1. ENTITY NAME – give the exact name of the corporation as currently shown in A.C.C. records:
360 Consulting Services, LLC

2. A.C.C. FILE NUMBER: L19216800
Find 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)
13896 N Stone Palisades Dr	7815 W Rock Springs Dr
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City Tucson / State AZ / Zip 85658	City Peoria / State AZ / Zip 85383

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. PRINCIPAL OFFICE ADDRESS:

4.1 *Required if changing* – list the principal office address currently shown in A.C.C. records (before any changes):	**4.2** *Optional* – List the NEW principal office address (must be a street or physical address):
Attention (optional)	Attention (optional)
13896 N Stone Palisades Dr	7815 W Rock Springs Dr
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
Tucson / AZ / 85658	Peoria / AZ / 85383
City / State / Zip	City / State / Zip
Country UNITED STATES	Country UNITED STATES

5. 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):

5.1 *REQUIRED* – list the ***name*** and ***physical or street address*** (not a P.O. Box) in Arizona of the existing statutory agent:			**5.2** *REQUIRED* – list the **mailing address** (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:		
Malynda F Dickinson					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
13896 N Stone Palisades Dr			7815 W Rock Springs Dr		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City Tucson	AZ State	85383 Zip	City Peoria	AZ State	85383 Zip

5.3 ☐ **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – if the *name only* of the existing statutory agent listed in number 5.1 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:

_____

5.4 **CHANGE IN EXISTING STATUTORY AGENT ADDRESS** – check all that apply and follow instructions:

☑ **STREET ADDRESS CHANGED** – complete number 5.5.

☑ **MAILING ADDRESS CHANGED** – complete number 5.6.

5.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			**5.6 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)		
7815 W Rock Springs Dr			7815 W Rock Springs Dr		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City Peoria	AZ State	85383 Zip	City Peoria	AZ State	85383 Zip

6. ☐ **NEW STATUTORY AGENT** – If a new statutory agent is being appointed, check the box and complete the following for the **NEW statutory agent**:

6.1 *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:

Statutory Agent Name

Attention (optional)

Address 1

Address 2 (optional)

City | State | Zip

6.2 *OPTIONAL* – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):

Attention (optional)

Address 1

Address 2 (optional)

City | State | Zip

6.3 *REQUIRED* – If you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form.

SIGNATURE – *see Instructions C016i 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 corporation 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

Malynda F Dickinson
Printed Name

05/11/2016
Date (mm/dd/yyyy)

REQUIRED – check only one:

☐ I am the **Chairman of the Board of Directors** of the corporation filing this document.

☒ I am a duly-authorized **Officer** of the corporation filing this document.

☐ I am a **Statutory Agent** changing only my own address and/or my own name.

Filing Fee: None (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

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.

FAX COVER SHEET

TO	Corporate Filings Section
COMPANY	ArizonaCorporateCommission
FAXNUMBER	16025424100
FROM	Justin Krueger
DATE	2016-05-11 20:42:33 GMT
RE	Corporation Statement of Change

COVER MESSAGE

Pleaseseeattachedcompletedform regarding a physical and mailing address change.

For questions, please don't hesitate to call 520-878-6056 or email at mdickinson@urspecialtygroup.com