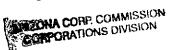


SEP 1 9 7015





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 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.

The form will be rejected if those sections are not completed.									
	L. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records: MOUNTAIN BOOGIE LLC								
2.	2. A.C.C. FILE NUMBER: L20451330 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 PI	ACE OF B	USINESS	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):					
Attentio	on (optional)	Attention (optional)							
4343 E SOLIERE AVE APT 1095				313 W CATTLE DRIVE TRAIL					
Address 1				Address 1					
Address 2 (optional)		AZ 86004		Address 2 (optional)	•	AZ	86005		
City F	LAGSTAFF	State	Zip	city FLAGSTA	FF	State	Zip		
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?						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	•			4.2 REQUIRED – list the mailing address (if one exists in A.C.C. records) in Arizona					
or street address (not a P.O. Box) in Arizona of the existing statutory agent:			of the existing Statutory Agent:						
	RLES EMERSON LUN	1PKINS				•			
Attention (optional)			Attention (optional)						
4343 E SOLIERE AVE APT 1095			Address 1						
Addres	s 2 (optional)	AZ	86004	Address 2 (optional)					

City FLAGSTAFF

State

Zip

City

the existir 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 ADDRE	SS CHANG	iED — (complete number 4.5.		apply				
∐ MAIL	ING ADDI	RESS CHAN	IGED -	- complete number 4.	6.					
4.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:				4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):						
Attention (optional)	Attention (ontional)				Attention (optional)					
313 W CATTLE DRIVE TRAIL										
Address 1			Address 1							
Address 2 (optional)	AZ	86005	Address	2 (optional)	<u></u>					
FLAGSTAFF	State	Zip	City		State	Zip				
5. NEW STATUTOR and complete the f				y agent is being appo	inted, chec	k the box				
5.1 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:			5.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):							
Statutory Agent Name										
Attention (optional)				Attention (optional)						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Address 1			Address	i						
Address 2 (optional)		<u> </u>	Address	2 (optional)						
City	State	Zip	City		State	Zip				
5.3 REQUIRED - if you a										

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 AC	CEPT						
Charles I Sandan	CHA	RLES E LUMPKIN	NS 09/13/2016					
Signature	Printed N	ame	Date					
REQUIRED - check only one and fill in the corresponding blank if signing for an entity:								
I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	1 1	r of this member- or I am signing for an or named:	I am a Statutory Agent changing only my own address and/or my own name.					
Filing Fee: \$5.00 (regular processing) Expedited processing – add \$35.00 to filin	-	1300 W. Washingto	Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007					
All fees are nonrefundable - see Instruction	ns. Fax:	602-542-4100	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.