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OCT 1 3 2016

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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

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

Read the Instructions C016i

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.

me	form will be rejected if t	those secti	ons are not	com	leted.		
1.	ENTITY NAME - give t	he exact n	ame of the	corpi	ration as currently sho	wn in A.C.	.C. records:
	Life Sharing Center, Inc.	, 		_			
2,	A.C.C. FILE NUMBER:	09734127	· 				
	Find A.C.C. file number on the up	per corner of fli	ed documents ()R on o	r website at: <u>http://www.azcc.go</u>	ov/Divisions/Co	orporations
3.	ARIZONA KNOWN PL			ADDI	E\$\$:		
3.1	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):		
							:
Attent	on (optional)			Attent	n (optional)		
	Box 1277				Aspen Drive		
Addres	55 1			Addro			
	55 2 (optional)	AZ	86045		s 2 (optional)	AZ	86045
	Tuba City	State	Zip		Tuba City	State	Zip
3.3	If you completed 3. the street address of t			place		Arizona th	e same as
4.	PRINCIPAL OFFICE	ADDRESS	<u> </u>			.,	
	. Required If changing - office address currentl A.C.C. records (before	list the pr y shown ir	incipal	4.2	Optional – List the NE address (must be a saddress):		
Atten	tion (uptional)		· · · · · · · · · · · · · · · · · · ·	Atter	ign (optional)		
Acten	(optional)				,		
Addre	PSS 1	<u> </u>		Addr	ss 1		
	ess 2 (optional)				\$\$ 2 (optional)		
City	try	State	Zip	City	~	State	Zip

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5.1	REQUIRED - list or street addr				REQUIRED – lis (if one exists in			
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	-al. A T5033-11							
	peth Ann Riddell							
	, •							
ttentior	n (optional)			Attent in (optional)				
	spen Drive			PO Fox 1277				
ddress	1			Addre	1			
Adress.	Z (optional)		· 	Address	2 (optional)	·		
		AZ	86045			AZ	86045	
ity	Tuiba City	State	Zip	City	uba City	State	Zip	
		t has not been ng statutory a		heck I	ne box and give	the new name	e of the	
5	existi	ng statutory a	gent below:		ne box and give			
5	existi 6.4 CHANGE and follow	in EXISTING v instructions:	gent below:	RY AG	NT ADDRESS	- check all tha		
5	existi 6.4 CHANGE and follow	IN EXISTING V instructions:	gent below: G STATUTOR	RY AGE	NT ADDRESS	– check all tha		
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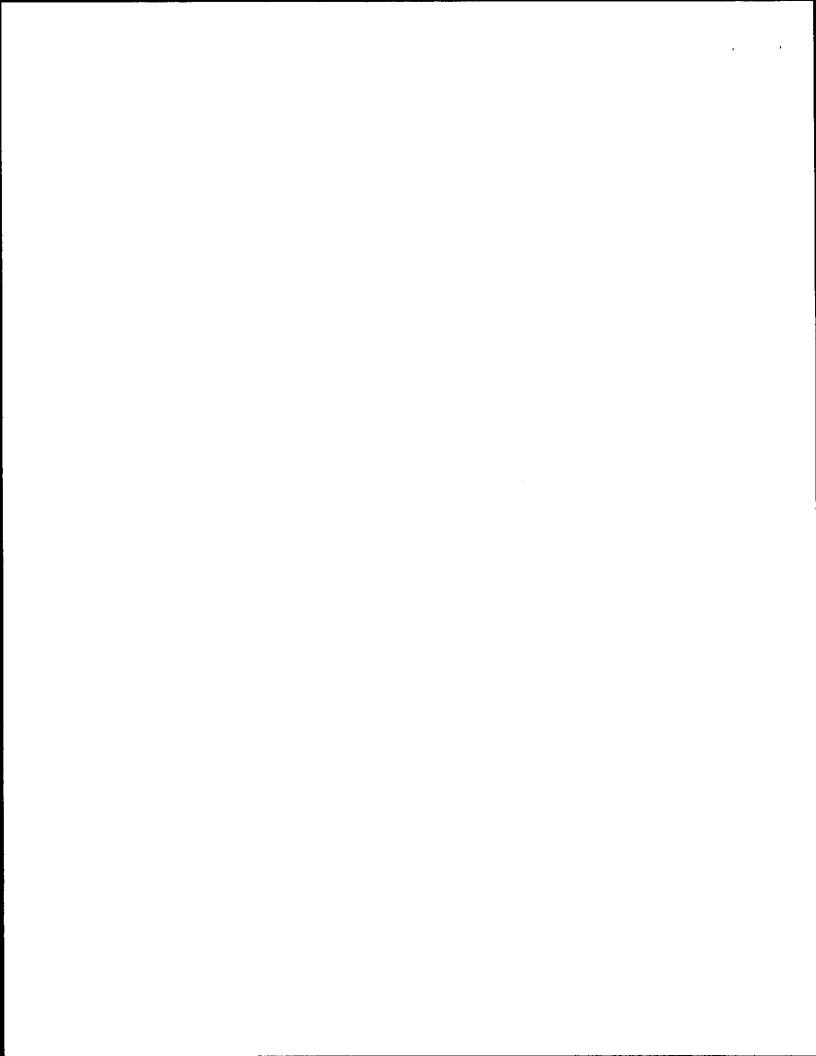
		1

				&		
 NEW STATU and complete to 	TORY AGEN	T - if a new	statute	ry agent is bein	g appointed, ch	eck the box
6.1 REQUIRED - give individual or an e street address (no of the NEW statut	the name (contity) and phot a P.O. Box	an be an sysical or	i	OPTIONAL - m	ailing address Agent (can be	
						-
tatutory Agent Name			<u> </u>			
ttention (optional)		<u> </u>	Attenti	n (optional)		
dance 4	and the second s					
ddress 1			Addres	1		V
ddress Z (optional)			Addres	2 (optional)		
lity	State	Zip	City		State	Zip
form M002 must	ou are appoir be submitted	nting a new s	tatutor his St	y agent, the <u>Sta</u> tement of Chan	tutory Agent A	cceptance
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If the person signi- signature appearing she has given the By checking the bead ocument togethe	ig below, the corporation r ox marked "I	existing stat named in num accept" belo	utory nber 1 ow, I a	gent certifles <i>ui</i> above written n knowledge <i>und</i> e	nder penalty of otice of the add er penalty of pe	perjury that he dress change. erjury that this
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Ginanden a. K	idall	Elizabel	17 A	Riddell	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	01316
REQUIRED - check or	nly one:	111	ica naji,			Date (simpau())
I am the Chairman o of Directors of the co filing this document.		I am a du the corpor	ly-authe ration fil	ized Officer of ng this document.		tutory Agent nly my own address own name.
	<u> </u>					
Filing Fee: None (regular p Expedited processing – add All fees are nonrefundable	\$35.00 to filing		Mail: Fax:	Arizona Corporation 1300 W. Washingto 602-542-4100		
	A	34144		- Vou should	- II Fac the	

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by stat re. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filled with the Arizona Corporation Commission are public record and are a en for public inspection.

If you have questions after reading the Instructions, please cell 602-542-3026 or (within a rizona only) 800-345-5919.



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ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Print Form

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

** ORDER COPIES USING A RECORDS REQUEST FORM **

WHAT ARE YOU New Entity		submission of	rejected filing
ENTITY NAM	E - give the exact name of the corporation	n as currently s	shown in A.C.C. records:
Life Sharing C			
	ROCESSING?		
	35 to the filing fee NO	 pay only the 	filing fee
http://ecorp.a	ng fees are listed on the bottom of each fizec.gov, under the FAQs.	orm or on the f	ee schedule on our website,
PAYMENT:			
MOD Acco			
Checks or mon abbreviations. C include: no Impr handwritten or s	hail cash. Cash may be used only for in-person sub ley orders - must be made payable to "Arizona Co hecks must be completely and properly filled out, in Inted or preprinted name and address of the account stamped names, addresses, or check numbers; ten may be used for in-person submittals, and for onlings as of good standing. We accept only Visa, MasterCa	poration Commissi cluding the amour it holder; no impris porary checks (ney	nt sections. UNACCEPTABLE CHECKS Inted or preprinted check number; V accounts).
REQUIRED -	RETURN DELIVERY OPTION (PLEASE	PRINT CLEARLY	(and select only ONE):
☐ Email	Emoil address:		
☐ Pick up	Name:		Phone:
☑ Mail	Name: Sister Elizabeth Riddell		
	Address: PO Box 1277		
	clty: Tuba City	State: AZ	zip: 86045
	Phone: 928-283-6886	·	
DOCUMENTS V	VILL BE MAILED IF THEY ARE NOT PICKED UP	IN A TIMELY MA	NNER (APPROXIMATELY ONE WEEK)
PICK UPIE	TOR ARIZONA CORPORATION		

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

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Read the Instructions C016i

The	PTE — no matter what is form will be rejected if	s being cha those secti	nged, num ons are no	bers t com	1, 2, 3.1, 5.1, and pleted.	1 5.2 must	be co	mpleted.
1.	ENTITY NAME - give t Life Sharing Center, Inc	he exact n	ame of the	corp	pration as current	ily shown i	n A.C.	C. records:
2,	A.C.C. FILE NUMBER: Find A.C.C. file number on the up	09734127 per corner of fil	ed documents (OR on o	r website at: http://www	v.azcc.gov/Divl	sions/Co	rporations
3.	ARIZONA KNOWN PL	ACE OF B	USINESS .	ADD	ESS:			·
3.1 REQUIRED - list the known place of business address currently shown in A.C.C. records (before any changes):			3.2				place of est be a	
Attent	ion (aptional)			Atten	on (aptional)			
PO :	PO Box 1277			8	Aspen Drive			
Addre	55 1	-		Addre			· · · · · · · · · · · · · · · · · · ·	
Addre	ss 2 (optional)	AZ	86045	Addre	s 2 (optional)	AZ		86045
Çity	Tuba City	State	Zip	City	Tuba City	State		Zip
3.3	If you completed 3.2 the street address of t	2 , is the Ni he statutoi	W known y agent?	place		ss in Arizo	na the	e same as
4.	PRINCIPAL OFFICE	ADDRESS:					,_ .	/
4.1	Required if changing - office address currently A.C.C. records (before	y shown in	·	4.7	Optional - List t address (must l address):			
	tton (optional)				Ion (optional)			
Addre	iss 1			Addr	ss 1	<u> </u>		
Addre	ess 2 (optional)			Addr	ss Z (optional)			
Count		State	Zip	City	TV	State		Zip

			,

c/ 5.1	REQUIRED - lis	t the name at	nd nhysical	5.2	DECUMPED 11-	Z1 700	
	or street addi	ress (not a P.0	O. Box) in	7.4	REQUIRED - list (if one exists in A	The mailing	address
	Arizona of the e	existing statute	ory agent:		of the existing St	atutory Ager	s <i>)</i> III ANZONA I t :
linat	4L A To ' 1 1 11						<u>,, </u>
	eth Ann Riddell						
	r generalis				7 8 8		
nogue	(optional)			Baha II			
0 As	spen Drive				un (optional)	 -	****
dress I				PO	Box 1277	<u>-</u>	
ress 2	(optional)			Addre	s Z (optional)		
T	Tuiba City	AZ	86045		, , , ,	AZ	86045
, 1	alba City	State	Zip	City	Tuba City	State	Zip
	agent	zisting statuto	ry agent liste appoint e d, c	dini	AGENT NAME O umber 5.1 above I the box and give th	has changed	But a now
5.4	the eagent existi 4 CHANGE and follow	t has not been ng statutory a statutory a	appointed, c gent below:	d in heck	umber 5.1 above the box and give the	has changed, he new name	but a new
	the eagent existi CHANGE and follow	IN EXISTING V instructions:	appointed, c gent below: STATUTOR ESS CHANG	d in heck Y AC	umber 5.1 above I the box and give th	has changed, he new name check all tha	but a new
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5 N P ii	the eagent existi 4 CHANGE and follow S NEW STREET Allohysical or street	IN EXISTING V instructions: TREET ADDR AILING ADD DDRESS — given address (not	appointed, c gent below: G STATUTOR ESS CHANG PRESS CHAN The the NEW a P.O. Box)	TAC ED - GED	ENT ADDRESS - complete number - complete number MEW MAILING a	has changed, he new name check all tha 5.5. er 5.6. ADDRESS - n Arizona of	but a new of the apply give the NE
5 P	the eagent existi 4 CHANGE and follow S NEW STREET Allohysical or street Allohysical of the	IN EXISTING V instructions: TREET ADDR AILING ADD DDRESS — given address (not	appointed, c gent below: G STATUTOR ESS CHANG PRESS CHAN The the NEW a P.O. Box)	Y AC ED - GED Atten	umber 5.1 above the box and give the box	has changed, he new name check all tha 5.5. er 5.6. ADDRESS - n Arizona of	but a new of the apply give the NE
5 P il	the eagent existi 4 CHANGE and follow S NEW STREET Allohysical or street Allohysical of the	IN EXISTING V instructions: TREET ADDR AILING ADD DDRESS — given address (not	appointed, c gent below: G STATUTOR ESS CHANG PRESS CHAN The the NEW a P.O. Box)	TAC ED - GED	umber 5.1 above the box and give the box	has changed, he new name check all tha 5.5. er 5.6. ADDRESS - n Arizona of	but a new of the apply give the NE
5 N P iII	the eagent existi 4 CHANGE and follow S MEW STREET All thysical or street in Arizona of the	IN EXISTING V instructions: TREET ADDR AILING ADD DDRESS — given address (not	appointed, c gent below: G STATUTOR ESS CHANG PRESS CHAN The the NEW a P.O. Box)	Y AC ED - GED Atten	ENT ADDRESS - complete number - complete numbe NEW MAILING mailing address i statutory agent (has changed, he new name check all tha 5.5. er 5.6. ADDRESS - n Arizona of	but a new of the apply give the NE
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6. NEW STATUTORY	AGEN	T - if a nev	w sta tut	bry agent is bei	ng appointed, c	heck the box
and complete rue tol	номила	ror the NE	w stat	tory agent:		
6.1 REQUIRED - give the n	ıame (c	an be an	6.2		nailing address	in Arizona of
individual or an entity)	and phy	ysical or		NEW Statutor	y Agent (can be	a P.O. Box):
street address (not a P. of the NEW statutory ag	.O. Box) in Arizona	a j			,
or the NEW statutory at	gent:					
						-
Statutory Agent Name						
Trace (at) Again Name						
Attention (optional)			Atten	on (optional)	Things.	
Address 1			Addre	3 1	-	
•						
Address 2 (optional)						
			Addre	s Z (optional)		
City	State	Zip	Carrie			
			City	,	State	Zip
	appoin:	ting a new	statuto	y agent, the <u>St</u>	atutory Agent A	<u>cceptance</u>
form M002 must be sut	Jinicted	along with	this St	ntement of Char	ige form,	
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			9			
			:1			
SIGNATURE – see <u>Instructio</u>	ns CO1	6i for who	is authr	rized to make c	hanaaa:	
		£2.00.000		nzeu to make c	nanges.	
If the person signing this	s form is	s the existi	ng stati	tory agent char	aina ite awa a	idroca than but
signature appearing belo	w, the	existina sta	atutory	agent certifies "	nging its own at Order negativ of	ioress, then by
she has given the corpor	ation n	amed in nu	ımber 1	above written r	otice of the ad-	dress change
			•			
By checking the box mar	rked "I	accept" be:	low, I a	knowledge <i>und</i>	er penalty of pe	erjury that this
document together with	any att	achments	ls subni	tted in compliar	ice with Arizona	a law.
			19 10 10			
		M	I ACCE	PT		
<i>l</i>						
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Signatura ()	<u> </u>	EITZIUNE	rinted Nam	Nicoen		01316
			Tanced Maint			Date (mm/dd/yyyy)
REQUIRED – check only one	::		:			
4 40 40 40		<u> </u>				
I am the Chairman of the Bo of Directors of the corporation	pard	I am a d	uly-auth(gration fi	dzed Officer of ng this document.	I am a Stat	utory Agent ily my own address
filing this document.	" "	- the corpo	JEACION II	ng this abcument,	and/or my o	
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Filing Fee: None (regular processin	a)	<u> </u>	- E			
Expedited processing - add \$35.00			Mail:	Arizona Comoration	Commission - Cor	norate Filings Section
	to filing f		Mail:	Arizona Corporation 1300 W. Washingto	Commission - Cor n St., Phoenix, Aria	porate Filings Sectional 85007
All fees are nonrefundable - see Ins	to filing f		Mail: Fax:	Arizona Corporation 1300 W. Washingto 602-542-4100	Commission - Cor n St., Phoenix, Ari	porate Filings Sectional 85007

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private to the individual needs of your business.

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

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COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT** ORDER COPIES USING A RECORDS REQUEST FORM **

WHAT ARE Y	DU FILING?				
New Entity	☐ Change to existing entity ☑ Re	submission of rejected filing			
ENTITY NAM	E - give the exact name of the corporatio	as currently shown in A.C.C. records:			
Life Sharing C	enter, Inc.				
EXPEDITED I	PROCESSING?				
		pay only the filing fee			
Document filie http://ecorp.a	ng fees are listed on the bottom of each f azcc.gov, under the FAQs.	rm or on the fee schedule on our website,			
	·				
PAYMENT:					
MOD Acco					
Cash - do not m	all cash. Cash may be used only for in-person subret orders - must be made payable to "Arizona Co	n ittals. Aporation Commission," with all words spelled out and	no		
abbreviations. C	hecks must be completely and properly filled out, in inted or preprinted name and address of the accou	cluding the amount sections. UNACCEPTABLE CHECKS			
i handwritten or s	tamped names, addresses, or check numbers; tem	orary checks (new accounts)	İ		
online certificate	nay be used for in-person submittals, and for onlines of good standing. We accept only Visa, MasterCa	corporation annual reports, online name reservation t, and American Express.	s, or		
	RETURN DELIVERY OPTION (PLEASE				
Email	Emall address:				
Pick up	Name:	Phone:			
✓ Mail	Name: Sister Elizabeth Riddell				
	Address: PO Box 1277				
	city: Tuba City	State: AZ Zip: 86045			
	Phone: 928-283-6886				
DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP		IN A TIMELY MANNER (APPROXIMATELY ONE W	EEK)		
	FOR ART/ONA CORPORATIONS	MMISSIORUS (GUYARA)			
PICK-UP B		SALE STATE OF THE SECOND			
View	current processing times at: www.azcc.goy/Divisio	s/Corporations/document-processing-times.pdf			

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