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OCT 13 2016

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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 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.

1. ENTITY NAME – give the exact name of the corporation as currently shown in A.C.C. records:
Life Sharing Center, Inc.

2. A.C.C. FILE NUMBER: 09734127

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):

Attention (optional)

PO Box 1277

Address 1

Address 2 (optional)

City Tuba City

AZ
State86045
Zip

3.2 Optional – List the NEW known place of business address in Arizona (must be a street or physical address):

Attention (optional)

100 Aspen Drive

Address 1

Address 2 (optional)

City Tuba City

AZ
State86045
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? ☒ 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):

Attention (optional)

Address 1

Address 2 (optional)

City

State

Zip

Country

4.2 Optional – List the NEW principal office address (must be a street or physical address):

Attention (optional)

Address 1

Address 2 (optional)

City

State

Zip

Country

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:		
Elizabeth Ann Riddell					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
100 Aspen Drive			PO Box 1277		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Tuiba City	AZ	86045	Tuba City	AZ	86045

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)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip

6. <input type="checkbox"/> 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:			6.2 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 1		
Address 2 (optional)		State	Zip	Address 2 (optional)	
City	State	Zip	City	State	Zip
6.3 REQUIRED – if you are appointing a new statutory agent, the <u>Statutory Agent Acceptance form M002</u> 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

Elizabeth A. Riddell
Signature

Elizabeth A. Riddell
Printed Name

10/13/16
Date (mm/dd/yyyy)

REQUIRED – check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
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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
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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.

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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 FILING?

☐ New Entity ☐ Change to existing entity ☒ Resubmission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:
Life Sharing Center, Inc.

EXPEDITED PROCESSING?

☐ YES - add \$35 to the filing fee ☒ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

PAYMENT:

☐ MOD Account #: Amount to deduct:

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.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input type="checkbox"/> Email	Email address:		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input checked="" type="checkbox"/> 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 WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY	
PICK-UP BY:	DATE:

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

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Address 2 (optional)

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State

Zip

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Address 1

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86045

City Tuba City

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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

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Elizabeth Ann Riddell Statutory Agent Name					
Attention (optional)			Attention (optional)		
100 Aspen Drive Address 1			PO Box 1277 Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Tuiba City	AZ	86045	Tuba City	AZ	86045

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☒ I ACCEPT

Elizabeth A. Riddell
Signature

Elizabeth A. Riddell
Printed Name

10/13/16
Date (mm/dd/yyyy)

REQUIRED – check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
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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.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input type="checkbox"/> Email	Email address:	
<input type="checkbox"/> Pick up	Name:	Phone:
<input checked="" type="checkbox"/> Mail	Name: Sister Elizabeth Riddell	
	Address: PO Box 1277	
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