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APR 10 2017

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

AZ Corp. Commission



05849371

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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.**1. ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:EUREKA PRODUCTIONS, INC**2. A.C.C. FILE NUMBER:** 096-2084-2Find 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):RODOLFO MADERO
156 W. MARIPOSA RD

Attention (optional)

156 W. MARIPOSA RD

Address 1

SUITE 101-9693

Address 2 (optional)

City NOGALESState AZZip 85621**3.2 Optional** – List the NEW known place of business address in Arizona (must be a street or physical address):RODOLFO MADERO

Attention (optional)

2073 N. GRAND AVENUE

Address 1

SUITE 9693

Address 2 (optional)

City NOGALESState AZZip 85621**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. 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 the **name** and **physical or street address** (not a P.O. Box) in Arizona of the existing statutory agent:RODOLFO MADERO

Statutory Agent Name

Attention (optional)

156 W. MARIPOSA RD

Address 1

SUITE 101-9693

Address 2 (optional)

City NOGALESState AZZip 85621**4.2 REQUIRED** – list the **mailing address** (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:

Attention (optional)

2073 N. GRAND AVE

Address 1

Address 2 (optional)

City NOGALESState AZZip 85621

- 4.3 ☐ **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – if the *name only* of 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:

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

- ☒ **STREET ADDRESS CHANGED** – complete number 4.5.
☒ **MAILING ADDRESS CHANGED** – complete number 4.6.

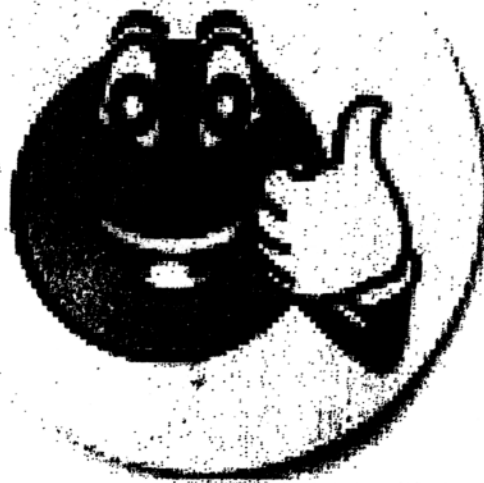
4.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
RODOLFO MADERO 2073 N. GRAND AVENUE			RODOLFO MADERO		
Attention (optional)			Attention (optional)		
2073 N. GRAND AVENUE			2073 N. GRAND AVE.		
Address 1			Address 1		
SUITE 9693			SUITE 9693		
Address 2 (optional)			Address 2 (optional)		
City NOGALES	State AZ	Zip 85621	City NOGALES	State AZ	Zip 85621

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

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

5.3 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.

HEADS UP



☐ BAD QUALITY/DOC SIZE

☐ INCOMPLETE DOCUMENT RECEIVED

☒ WRONG FORM

☒ NO PAYMENT

☐ INSUFICIENT MOD ACCOUNT

☐ INACTIVE MOD ACCOUNT

☐ WRONG MOD AMOUNT IN COVERSHEET

☐ WRONG MOD ACCOUNT NUMBER

☐ NO COVERSHEET

☐ OTHER:

DATE:

4/11/17

INITIAL:

CE

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.


Signature

☒ I ACCEPT
Printed Name

RODOLFO MADERO
Date

04/10/2017

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	<input checked="" type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input checked="" type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
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Filing Fee: \$5.00 (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.

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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 ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

EUREKA PRODUCTIONS 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:

<input type="checkbox"/> 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 checked="" type="checkbox"/> Email	Email address: <u>patriciaacastro@eurekaproductions.com</u>
<input type="checkbox"/> Pick up	Name: _____ Phone: _____
<input type="checkbox"/> Mail	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

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