

RECEIVED MAY 2 6 2017

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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## LLC STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT

Read the Instructions L0201

**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.

me form will be rejected in	uiose secu	uns are nuc	. comp	reteu.			
1. ENTITY NAME - give t	the exact n	ame of the	LLC a	s currently shown in A	.C.C. recor	ds:	
MIRAFLORES APARTMEN	ITS LLC		,				
2. A.C.C. FILE NUMBER:							
Find the A.C.C. file number on the	upper corner	of filed documer	nts OR on	our website at: http://www.az	cc.gov/Division	s/Corporations	
3. ARIZONA KNOWN PL			ADDR	ESS:			
3.1 REQUIRED – list the known place of business address currently shown in A.C.C.			3.2 Optional - List the NEW known place of business address in Arizona (must be a				
records (before any changes):			street or physical address):				
Attention (optional)		Attentio	n (optional)				
% TOM MANNSCHREC	K						
4011 N 1ST AVE			Address	1			
Address 2 (optional)		1	Address	2 (optional)			
TUCSON	AZ State	85719	City		State	Zip	
3.3 If you completed 3.1 the street address of the street address	2, is the Ni he statutor	EW known pry agent?		of business address in Yes No	Arizona th		
4. CURRENT OR EXISTANT STATUTORY agent as show changes (this is the existence)	vn in the re	ecords of th	ie Ariz				
4.1 REQUIRED - list the name and physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:		4.2 REQUIRED - list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:					
CORPORATION SERVICES COMPANY		N/A					
Statutory Agent Name			1				
Attention (optional)		Attenti	on (optional)				
2338 W ROYAL PALM ROAD STE J							
Address 1			Addres	\$1			
Address 2 (optional)	T	T	Addres	s 2 (optional)	<del></del>	T	

ΑZ

85021

City

**PHOENIX** 

State

City

t	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:					
	NGE IN EXISTING follow instructions:	STATUTOR	Y AG	ENT ADDRESS - chec	k all that a	pply
[ [				complete number 4.5. - complete number 4.6	5.	
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)			Attentio	on (optional)	<del></del>	
Address 1			Address	31		
Address 2 (optional)		Address 2 (optional)				
City	State	Zip	Clty		State	Zip
				ry agent is being appo	inted, chec	k the box
<ul> <li>and complete the following for the NEW s</li> <li>5.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arlzona of the NEW statutory agent;</li> </ul>			5.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):			
National Registered Ap	gents, Inc.					
Attention (optional)			Attention (optional)			
3800 North Central Avenue, Suite 460						
Address 1			Address			
Address 2 (optional)  Cky Phoenix,	AZ State	2lp 85012	Address	2 (optional)	State	Zip
			atutor	y agent, the <u>Statutory</u> stement of Change for	Agent Acc	

## 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.

Chear Wate	I ACCEPT  CHERYL WESTBY- ASST S	SEC 05/26/17
REQUIRED – check only one and	fill in the corresponding blank if sign	ing for an entity:
I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	I am a <b>Member</b> of this member- managed LLC <b>or</b> I am signing for an <b>entity member named</b> :	I am a <b>Statutory Agent</b> changing only my own address and/or my own name.
	MIRAFLORES-NIHC ASSOCIATES LLC	
Filler Franch 65 00 (months are a land		
Filing Fee: \$5.00 (regular processing)		n Commission - Corporate Filings Section

Expedited processing - add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. 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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## STATUTORY AGENT ACCEPTANCE

	Please read Instructions <u>M002i</u>					
1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):  MIRAFLORES APARTMENTS LLC					
2.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). NOTE - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:					
	National Registered Agents, Inc.					
3.	STATUTORY AGENT SIGNATURE:					
	By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.					
	The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.					
6	CHERYL WESTBY, ASSISTANT SECRETARY 05/22/2017  Printed Name Date					
	QUIRED - check only one:					
	Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.  Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.					
FI	ling Fee: none (regular processing)  Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007					

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