

RECEIVED

JUL 18 2017

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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.

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

Black Canyon Medical LLC

- 2. A.C.C. FILE NUMBER:**

LD9956082Find 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):

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

Attention (optional)

17301 E Spring Valley Rd #F

Address 1

Attention (optional)

Address 1

Address 2 (optional)

City MAYERState AZZip 86333

Address 2 (optional)

City

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?
- ☐
- 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:

- 4.2 REQUIRED**
- list the
- mailing address**
- (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:

Randy C Hancock

Statutory Agent Name

Attention (optional)

34601 S. Phyllis St

Address 1

Attention (optional)

Address 1

34601 S Phyllis St

Address 2 (optional)

City Black Canyon CityState AZZip 85324

Address 2 (optional)

City Black Canyon CityState AZZip 85324

- 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.

<b>4.5 NEW STREET ADDRESS</b> – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			<b>4.6 NEW MAILING ADDRESS</b> – 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

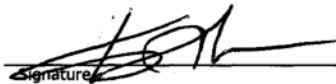
**5.** ☒ **NEW STATUTORY AGENT** – if a new statutory agent is being appointed, check the box and complete the following for the **NEW statutory agent**:

<b>5.1 REQUIRED</b> – 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:			<b>5.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Kerry Malin Statutory Agent Name					
Attention (optional)			Attention (optional)		
17301 E Spring Valley Rd #F Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
MAYER	AZ	86333			
<b>5.3 REQUIRED</b> – if you are appointing a new statutory agent, the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Statement of Change form.					

**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 ACCEPT  
Kerry Malin  
Printed Name  
7/13/17  
Date

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

<input checked="" type="checkbox"/> I am the individual <b>Manager</b> of this manager-managed LLC or I am signing for an <b>entity manager named:</b>	<input type="checkbox"/> I am a <b>Member</b> of this member-managed LLC or I am signing for an <b>entity member named:</b>	<input type="checkbox"/> I am a <b>Statutory Agent</b> 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
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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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## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

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):

Black Canyon Medical 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:

Kerry Malin

### 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.

  
Signature

Kerry Malin  
Printed Name

7/13/17  
Date

**REQUIRED** – 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.

Filing Fee: none (regular processing)  
Expedited processing – not applicable.  
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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