

RECEIVED

AUG 14 2017

ARIZONA CORP. COMMISSION
 CORPORATIONS DIVISION

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

**LLC STATEMENT OF CHANGE
 OF MANAGER OR MEMBER ADDRESSES**

Read the Instructions L021i

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

JLT INVESTMENT LLC

2. **A.C.C. FILE NUMBER:** L15965066

Find 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. **MANAGER ADDRESSES** – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form. *If the person is also a member, also list their name, address, and new address in the Member Addresses section.*

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 1							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
Country	<input type="text"/>			Country	<input type="text"/>		
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 2							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
Country	<input type="text"/>			Country	<input type="text"/>		
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 3							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
Country	<input type="text"/>			Country	<input type="text"/>		
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 4							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
Country	<input type="text"/>			Country	<input type="text"/>		

4. MEMBER ADDRESSES – for each member being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that member. If more space is needed, submit another Statement of Change form. *If the person is also a manager, also list their name, address, and new address in the Manager Addresses section.*

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:							
LEE J. TERRY Name 1											
Address 1 181 E FLOWERFIELD DR.				Address 1 1743 E MORMON TRAIL							
Address 2 (optional)				Address 2 (optional)							
City	UNITED STATES	State	UT	Zip	84020	City	UNITED STATES	State	AZ	Zip	86432
Country						Country					
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:							
Name 2											
Address 1				Address 1							
Address 2 (optional)				Address 2 (optional)							
City		State		Zip		City		State		Zip	
Country						Country					
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:							
Name 3											
Address 1				Address 1							
Address 2 (optional)				Address 2 (optional)							
City		State		Zip		City		State		Zip	
Country						Country					
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:							
Name 4											
Address 1				Address 1							
Address 2 (optional)				Address 2 (optional)							
City		State		Zip		City		State		Zip	
Country						Country					

SIGNATURE: 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

LINDA TERRY

07/29/2017

Signature

Printed Name

Date

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 type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:
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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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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Clear Form

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 Re-submission of rejected filing

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

JLT INVESTMENT LLC

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 #: _____ Total 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: lterry@rconnects.com		
<input type="checkbox"/> Pick up	Name: LINDA TERRY	Phone: 928 347 6296	
<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