Document Type: Statement of Change - LLC KPB/Stat Agent Document Fee: \$5.00

Entity Name: CLOUDEDGE, LLC Additional Fee: \$0.00

**Entity Information** 

Entity Name: CLOUDEDGE, LLC Entity Type: Domestic LLC

Entity ID: L21874726 Management Structure: Member - managed

Entity Email Address: khaz@cox.net Formation Date: 05/17/2017

Status: Active

Effective Date: 01/08/2019 Effective Time: 04:32PM

I am the Statutory Agent for this entity changing only the Statutory Agent address <sup>©</sup> Yes <sup>C</sup> No

**Statutory Agent Information** 

Name Attention Address Email

KATHLEEN ELIZABETH HALL 10115 E BELL RD Suite 107-424, SCOTTSDALE, khaz@cox.net

AZ, 85260, USA

Attention Address

10115 E BELL RD Suite 107-424 SCOTTSDALE, AZ, 85260, USA

**Known Place of Business** 

Attention Address

16843 N. 106TH WAY, SCOTTSDALE, AZ, 85255, USA

## **Uploaded Attachments**

#### File Name

ACC Stmt of Changes to address.pdf

### Signature

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

✓ I Agree

Signature: Kathleen Elizabeth Hall

Title: Statutory Agent

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

# **CORPORATION STATEMENT OF CHANGE**

udEdge, LLC		ently shown in A.C.C. rec
	to an extended the second of t	
ZONA KNOWN PLACE OF BU	JSINESS ADDRESS:	
Give the <b>NEW physical or s</b> of the corporation in Arizona	street address (not a P.O. Bo	x) of the known place of
of the corporation in Arizona		
Kathleen Hall		
Attention (optional) 10115 E Bell Rd Ste 107-42	24	
Address 1		4
Address 2 (optional)	1.7	05260
Scottsdale  City  UNITED STATES	State or Province	85260 Zip
Country		
	is the NEW known place of bu eet address of the statutory ag	
	FOREIGN DOMICILE STREET  street address (not a P. O. I	
i - give the NEW physical or		required, of the foreign
i – give the <b>NEW physical or</b> ired to be maintained in its sta		n:
red to be maintained in its sta	state or country of incorporation	
red to be maintained in its sta		
red to be maintained in its sta		
ired to be maintained in its sta prations statutory agent in its s		

✓ STREET ADDRESS CHANGED – complete number 4.1							
MAILING ADDRESS CHANGED - complete number 4.2							
<b>4.1 NEW STREET ADDRESS</b> – give the NEW		4.2 NEW MAILING ADDRESS – give the NEW					
physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:		mailing address in Arizona of the existing statutory agent (can be a P.O. Box):					
III A I Zona of the CAISt	ing statute	ry agenti	Statutory agent (can be a r.e. box).				
Kathleen Hall		Kathleen Hall					
Attention (optional)		Attention (optional)					
10115 E Bell Rd Ste 107-424		10115 E Bell Rd Ste 107-424					
Address 1			Addres	is 1			
Address 2 (optional)	1	T	Addres	ss 2 (optional)	1		
	AZ	85260		****	AZ	85256	
<sub>City</sub> Scottsdale	State	Zip	City	Scottsdale	State	Zip	
existing statutory as  6. NEW STATUTORY and complete the for individual or an entity) street address (not a P	AGENT - llowing for name (can and physi	if a new stocked the <b>NEW</b> stocked be an cal or	tatuto <b>statu</b> t	ry agent is being appo tory agent: OPTIONAL – mailing a NEW Statutory Agent	inted, chec	Arizona of	
of the NEW statutory a	gent:						
Statutory Agent Name							
Attention (optional)		Attentio	on (optional)				
Address 1			Address	51	-X-X		
Address 2 (optional)			Address	5 2 (optional)			
City	State	Zin	City		Ctata	Zin	
63 PEOULPED - if you are		Zip	City	y agent the Statutory	Agent Acc	Zip	
				y agent, the <u>Statutory</u> atement of Change forr		ергансе	

CHANGE IN EXISTING STATUTORY AGENT ADDRESS - check all that apply

4.

and follow instructions:

## **SIGNATURE** – see <u>Instructions C016i</u> 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 law* 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 law* that this document together with any attachments is submitted in compliance with Arizona law.

	✓ I ACCEPT		
Kathleen Hall	Kathleen Hall	1/8/19	
Signature	Printed Name	Date (mm/dd/yyyy)	
REQUIRED - check only one:			
I am the <b>Chairman of the Board of Directors</b> of the corporation filing this document.	I am a duly-authorized <b>Officer</b> of the corporation filing this document.	I am a <b>Statutory Agent</b> changing only my own address and/or my own name.	

Filing Fee: None (regular processing) Expedited processing – add \$35.00 to filing fee.	Mail:	Arizona Corporation Commission - Corporate Filings Section 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.