

Document Type: **Statement of Change - LLC Principal Address/Stat Agent**

Document Fee: **\$0.00**

Entity Name: **DLB INVESTMENTS, L.L.C.**

Additional Fee: **\$0.00**

Entity Information

Entity Name: DLB INVESTMENTS, L.L.C.

Entity Type: Domestic LLC

Entity ID: L13781437

Management Structure: Manager - managed

Entity Email Address:

Formation Date: 07/03/2007

Status: Pending Inactive

Effective Date: 06/04/2020

Effective Time: 7:22 AM

I am the Statutory Agent for this entity changing only the Statutory Agent address ☐ Yes ☒ No

Statutory Agent Information

Name

Attention

Address

Email

Lynette Bohlander

40414 N 3rd Ave, DESERT HILLS, AZ, 85086,
USA

dbohlander@msn.com

Attention

Mailing Address

40414 N 3rd Ave DESERT HILLS, AZ, 85086, USA

Principal Address

Attention

Address

40414 N 3rd Ave, DESERT HILLS, AZ, 85086, USA

Uploaded Attachments

You may upload any attachment as a **.pdf file**.

File Name

Cover Sheet DLB 6-1.pdf

Stat Agent change1-2.pdf

Stat Agent change1-2.pdf

Redo Form L020i.pdf

Signature sheet.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: Jonni M Dumont
Title: Authorized Agent

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 entity as currently shown in A.C.C. records:

DLB Investments, LLC

EXPEDITED PROCESSING? ☒ **YES** - select 1 option below ☐ **NO** - pay only the filing fee

NOTE: A current phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of submitted document(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. 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.

☒ **EXPEDITED PROCESSING, ADD \$35.00**

☐ **SAME DAY SERVICE, ADD \$200.00**
Document will be examined by 5:00pm MST and must be received by 10:00am MST

☐ **TWO-HOUR SERVICE, ADD \$400.00**
Document will be examined within 2-hours of submission
Must be received by 3:00pm MST

☐ **NEXT DAY SERVICE, ADD \$100.00**
Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST

PAYMENT:

☐ MOD Account #: Total amount to deduct:

Cash - do not mail cash. We do not accept bills over \$20.00.

Cash may be used only for in-person submittals at the Phoenix office ONLY (Tucson does not accept cash).

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 or MasterCard.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS

<input checked="" type="checkbox"/> Email	Email address REQUIRED : dbohlander@msn.com		
	Phone number REQUIRED : 602-826-6843		
<input type="checkbox"/> Pick up	Name:		
	Phone number REQUIRED :		
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone number REQUIRED :		

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: <http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf>

Clear Form

Print Form

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LLC STATEMENT OF CHANGE OF PRINCIPAL ADDRESS OR STATUTORY AGENT

Read the Instructions L020i

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

DLB Investments, LLC

- 2. ☐ CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – if the *name only* of the existing statutory agent listed in ACC records has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

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

- ☐ **STREET ADDRESS CHANGED** – complete number 2.2.
- ☐ **MAILING ADDRESS CHANGED** – complete number 2.3.

2.2 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			2.3 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box): <input type="checkbox"/> Check box if same as street address.		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip

3. <input checked="" type="checkbox"/> NEW STATUTORY AGENT - if a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent :					
3.1 <u>REQUIRED</u> - 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:			3.2 <u>REQUIRED</u> - give the mailing address in Arizona of the NEW Statutory Agent (can be a P.O. Box):		
Lynette Bohlander <small>Statutory Agent Name</small>					
Attention (optional) 40414 N 3rd Street <small>Address 1</small>			Attention (optional) 40414 N 3rd Street <small>Address 1</small>		
Address 2 (optional) City Desert Hills		AZ <small>State</small>	85086 <small>Zip</small>		
Address 2 (optional) City Desert Hills		AZ <small>State</small>	85086 <small>Zip</small>		
3.3 <u>REQUIRED</u> - 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.					

4. PRINCIPAL ADDRESS: check only one and fill in the corresponding blank

☐ Same as Statutory Agent street address
 ☒ Same as Statutory Agent mailing address

Give the **NEW mailing address** of the LLC:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

Clear Form

Print Form

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Address 1			Address 1		
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City	State	Zip	City	State	Zip

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 ☒ Same as Statutory Agent mailing address

Give the **NEW mailing address** of the LLC:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

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LLC STATEMENT OF CHANGE OF PRINCIPAL ADDRESS OR STATUTORY AGENT

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4. PRINCIPAL ADDRESS: check only one and fill in the corresponding blank

☐ Same as Statutory Agent street address
 ☒ Same as Statutory Agent mailing address

Give the **NEW mailing address** of the LLC:

Attention (optional) 40414 N 3rd Ave <small>Address 1</small>		
Address 2 (optional) Desert Hills <small>City</small>		Az <small>State or Province</small>
Country <input type="text"/>		85085 <small>Zip</small>

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 law* 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 law* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Lynette Bohlander
Signature

Lynette Bohlander
Printed Name

5/19/2020
Date

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

<input checked="" type="checkbox"/> I am an individual authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document.
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Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$5.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination 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.