

## **LLC - STATEMENT OF CHANGE**

### **OF MEMBER OR MANAGER ADDRESSES**

#### **ENTITY INFORMATION**

**ENTITY NAME:** DKA NATIVE TECHNOLOGIES LLC  
**ENTITY ID:** 1907359  
**ENTITY TYPE:** Domestic LLC

#### **PRINCIPALS**

Member: Elward Ben Fuson - 1210 W Alameda Dr Ste 103, TEMPE, AZ, 85282, USA -  
efuson@dkanativetechnologies.com - Date of Taking Office: 10/10/2018

Member: Magdalena Calnimpewa Fuson - 1210 W Alameda Dr Ste 103, TEMPE, AZ, 85282, USA -  
mfuson@dkanativetechnologies.com - Date of Taking Office: 10/10/2018

#### **SIGNATURE**

Authorized Agent: Magdalena Fuson - 08/14/2020

**Entity Information**

Entity Name: DKA Native Technologies LLC

Entity ID: 1907359

Entity Email Address: mfuson@dkanativetechnologies.com

Entity Type: Domestic LLC

Management Structure: Member - managed

Formation Date: 10/10/2018

Status: Active

Effective Date: 08/14/2020

Effective Time: 03:03PM

**Principal Information**

Title	Name	Attention	Address	Email	Date Taking Office
Member	Magdalena Calnimpewa Fuson		1210 W Alameda Dr Ste 103, TEMPE, AZ 85282, USA	mfuson@dkanativetechnologies.com	10/10/2018
Member	Elward Ben Fuson		1210 W Alameda Dr Ste 103, TEMPE, AZ 85282, USA	efuson@dkanativetechnologies.com	10/10/2018

**Uploaded Attachments**

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

**File Name**

DKA\_MemberAddress.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: Magdalena Fuson

Title: Authorized Agent

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:

DKA Native Technologies LLC

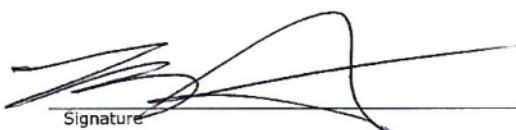
2. **MANAGER ADDRESSES** – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form.  
*If the person is also a member, also list their name, address,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

<b>NAME AND ADDRESS BEFORE CHANGES:</b> Name 1 Address 1 Address 2 (optional) City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Country <input style="width: 100px;" type="text"/>	<b>NEW ADDRESS ONLY:</b> Address 1 Address 2 (optional) City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Country <input style="width: 100px;" type="text"/>
<b>NAME AND ADDRESS BEFORE CHANGES:</b> Name 2 Address 1 Address 2 (optional) City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Country <input style="width: 100px;" type="text"/>	<b>NEW ADDRESS ONLY:</b> Address 1 Address 2 (optional) City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Country <input style="width: 100px;" type="text"/>
<b>NAME AND ADDRESS BEFORE CHANGES:</b> Name 3 Address 1 Address 2 (optional) City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Country <input style="width: 100px;" type="text"/>	<b>NEW ADDRESS ONLY:</b> Address 1 Address 2 (optional) City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Country <input style="width: 100px;" type="text"/>
<b>NAME AND ADDRESS BEFORE CHANGES:</b> Name 4 Address 1 Address 2 (optional) City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Country <input style="width: 100px;" type="text"/>	<b>NEW ADDRESS ONLY:</b> Address 1 Address 2 (optional) City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Country <input style="width: 100px;" type="text"/>

- 3. MEMBER ADDRESSES** – for each member being changed, list the name and address as current 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.

<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 1 Magdalena Calnimpewa Fuson							
Address 1 345 US 160				Address 1 1210 W. Alameda Dr Ste 103			
Address 2 (optional)				Address 2 (optional)			
City	State	Zip		City	State	Zip	
Tuba City	Az	86045		Tempe	Az	85282	
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 2 Edward Ben Fuson							
Address 1 345 US 160				Address 1 1210 W. Alameda Dr Ste 103			
Address 2 (optional)				Address 2 (optional)			
City	State	Zip		City	State	Zip	
Tuba City	Az	86045		Tempe	Az	85282	
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 3							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State	Zip		City	State	Zip	
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 4							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State	Zip		City	State	Zip	

**SIGNATURE:** 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

Magdalena Fuson

Printed Name

8/14/20

Date

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

<input checked="" type="checkbox"/> I am an <b>individual</b> authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an <b>entity</b> that is authorized to sign this document.
---	---

**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
---	---

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.