LLC - STATEMENT OF CHANGE

OF PRINCIPAL ADDRESS OR STATUTORY AGENT

ENTITY INFORMATION

ENTITY NAME: OFF-GRID DEVELOPMENT L.L.C.

ENTITY ID: L17384155 ENTITY TYPE: Domestic LLC

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: HUGO DIXON OATES

PHYSICAL ADDRESS: 107 S Southgate Dr, CHANDLER, AZ 85226 **MAILING ADDRESS:** 107 S Southgate Dr, CHANDLER, AZ 85226

PRINCIPAL ADDRESS

% HUGO DIXON OATES 7037 E VERNON AVE, SCOTTSDALE, AZ 85257

SIGNATURES

Authorized Agent: Hugo Dixon Oates - 06/01/2021





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

LLC STATEMENT OF CHANGE OF PRINCIPAL ADDRESS OR STATUTORY AGENT

Read the Instructions L020i

1. ENTITY NAME – give the exact name Off-Grid Development LLC	me of the	e LLC as currently sho	wn in A.C.C. re	cords:	
the existing statutory agent list agent has not been appointed, existing statutory agent below:	ed in ACC	C records has changed	d, but a new	nly of	
2.1 CHANGE IN EXISTING STATUTOR and follow instructions: STREET ADDRESS CHANGE MAILING ADDRESS CHANGE	GED – co	omplete number 2.2.			
2.2 NEW STREET ADDRESS – give the physical or street address (not a P. in Arizona of the existing statutory	 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box): Check box if same as street address. 				
Attention (optional)		Attention (optional)			
107 S Southgate Dr Address 1	107 S Southgate Dr Address 1				
Address 2 (optional) Chandler	35226	Address 2 (optional) Chandler	AZ	85226	

				ited, check	the box		
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): Check box if same as street address.				
Statutory Agent Name							
Attention (optional)		Attention (optional)					
Address 1		Address	1				
1	6 6	Address	2 (optional)				
State	Zip	City		State	Zip		
3.3 REQUIRED – 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 box Same as Statutory Agent street address Same as Statutory Agent mailing address							
Give the NEW mailing address of the LLC:							
			AZ State or Province	85226 Zip			
	State Te appointinubmitted a Agent street a	state z _{Ip} The appointing a new strubmitted along with the street address of the Lagrange and the Lagrange	Attention Address State Zip City Te appointing a new statutor ubmitted along with this State S: check only one box Agent street address Sling address of the LLC:	and physical or p.O. Box) in Arizona agent: Attention (optional) Address 1 Address 2 (optional) State zip city Te appointing a new statutory agent, the Statutory ubmitted along with this Statement of Change for State address State address State address State address State address State address State address State address State address State address State address State address Agent street address State address Agent street address Agent street address Agent street address Agent State or	Address 1 Address 1 Address 2 (optional) The appointing a new statutory agent, the Statutory Agent Accubmitted along with this Statement of Change form. State along with this Statement of Change form. State address Same as Statutory Agent mailing address and a p.O. Box): Check box if same as street address a p.O. Box): Check box if same as street address a p.O. Box): Check box if same as street address a p.O. Box): Check box if same as street address a p.O. Box): Check box if same as street address a p.O. Box): State a p.O. Box): Check box if same as street address a p.O. Box): State a p.O. Box): Check box if same as street address a p.O. Box): State a p.O. Box): Check box if same as street address a p.O. Box): State a p.O. Box): Check box if same as street address a p.O. Box): State a p.O. Box): Address a p.O. Box): State a p.O. Box): State a p.O. Box): Address a p.O. Box): Address a p.O. Box): State a p.O. Box): Address a p.O. Box		

SIGNATURE - see Instructions L020i for who is authorized to make changes:

Hugo D Oates - Stat Agent and Member

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.

0		I ACCEPT					
9	fole	Hugo Dixon Oates	6/1/2021				
Signature	P	rinted Name	Date				
REQUIRED – check only one and fill in the corresponding blank if signing for an entity: I am an individual authorized to sign this document. I am signing on behalf of an entity 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 (for Regular or Expedite Service ONLY): 602-542-4100

Fax (for Same Day/Next Day Service ONLY): 602-542-0900

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.