Entity Information

Entity Name: YAVAPAI LABS LLC
Entity Type: Domestic LLC
Entity ID: L21920459
Management Structure: Member - managed
Entity Email Address: finance@optimamedicalaz.com
Formation Date: 06/05/2017
Status: Active
Effective Date: 09/22/2021
Effective Time: 04:38PM
I am the Statutory Agent for this entity changing only the Statutory Agent address (•) Yes ( ) No

Statutory Agent Information

Name	Attention	Address	Email
MICHAEL O'NEIL		8300 North Hayden Road, Suite A207, SCOTTSDALE, AZ, 85258, USA	finance@optimamedicalaz.com

Attention
Mailing Address
8300 N. Hayden Road Suite A207, SCOTTSDALE, AZ, 85258, USA

Principal Address

Attention
Address
3151 N WINDSONG DRIVE , PRESCOTT VALLEY, AZ, 86314, USA

Uploaded Attachments

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

File Name
YAVAPAI LABS.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: Michael O'Neil
Title: Authorized Agent

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 of the LLC as currently shown in A.C.C. records:

YAVAPAI LABS 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): ☑ Check box if same as street address.		
Attention (optional)			Attention (optional)		
8300 North Hayden Road					
Address 1			Address 1		
Suite A207					
Address 2 (optional)			Address 2 (optional)		
City Scottsdale	State AZ	Zip 85258	City	State	Zip

3. ☐ **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 *REQUIRED* – 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** *REQUIRED* - 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		
Address 2 (optional) City	State	Zip	Address 2 (optional) City	State	Zip

3.3 *REQUIRED* – if you are appointing a new statutory agent, the Statutory Agent Acceptance 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:

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

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

Signature	Printed Name	Date
	Michael O'Neil	09/22/2021

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.