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

Entity Name: LIVING HEALTHY TODAY, LLC Additional Fee: \$0.00

Entity Information

Entity Name: LIVING HEALTHY TODAY, LLC Entity Type: Domestic LLC

Entity ID: L14338504 Management Structure: Manager - managed

Entity Email Address: Judith.engle@yahoo.com Formation Date: 03/05/2008

Status: Active

Effective Date: 03/29/2022 Effective Time: 12:30PM

I am the Statutory Agent for this entity changing only the Statutory Agent address
Ves
No

Statutory Agent Information

Name Attention Address Email

9707 West Redwood Drive, SUN CITY, AZ, 85351, Judith.engle@yahoo.com JUDITH ENGLE

USA

Attention Mailing Address

PO Box 5845 PEORIA, AZ, 85385, USA

Principal Address

Attention Address

PO Box 5845, PEORIA, AZ, 85385, USA

Uploaded Attachments

You may upload any attachment as a .pdf file.

File Name

Living Healthy change of 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: Judith Engle Title: Manager



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

	OF PR	_	L ADDRES	NT OF CHANGE SS OR STATUTORY Instructions <u>L020i</u>	AGENT	
	ENTITY NAME – give Living Healthy Today,			LLC as currently show	n in A.C.C. re	cords:
2.	the existing statu	itory agent en appoint	t listed in ACC ed, check the	GENT NAME ONLY – C records has changed, e box and give the new	but a new	only of
	and follow instruction STREET ADI	os: DRESS CH	IANGED - co	r ADDRESS – check a simplete number 2.2. complete number 2.3.	all that apply	
2.2	new STREET ADDR physical or street add in Arizona of the exis	dress (not	a P.O. Box)	2.3 NEW MAILING mailing address statutory agent Check box if san	in Arizona of (can be a P.O	the existing Box):
Attentio	n Engle n (optional) W. Redwood Drive			Attention (optional) PO Box 5845		
Address				Address 1		
	^{2 (optional)} Sun City	Az State	85351 _{Zip}	Address 2 (optional) Peoria	Az State	85351 _{Zip}

3.	NEW STATUTORY	AGENT -	if a new sta	itutory	agent is being	appoir	ited, check	the box
	and complete the fo	ollowing for	the NEW	statu	tory agent:			
3.1	REQUIRED - give the	name (can	be an	3.2	REQUIRED - C	ive the	mailing ac	dress in
	individual or an entity	and physi	cal or		Arizona of the			
	street address (not a l		n Arizona		a P.O. Box):		-	
	of the NEW statutory a	agent:			Check box if s	same as	street add	iress.
"*								
Statuto	ry Agent Name			1				
Attentio	on (optional)			Attentio	n (optional)			
Address	5 1			Address	1			
Address	s 2 (optional)	· · · · · · · · · · · · · · · · · · ·	1	Address	2 (optional)			T
City		State	Zip	City			State	Zip
3.3	REQUIRED - if you ar	e appointir	ng a new st	atutor	v agent, the S	tatutorv	Agent Acc	eptance
	form M002 must be so							
,,								
1	DDINCIDAL ADDDEC	E. chook or	alv one bav					
A.	PRINCIPAL ADDRESS	s: check of	ny one box					
	Same as Statutory	Agent street a	address		Same as Statutory	Agent ma	iling address	
Give the NEW mailing address of the LLC:								
Judith Engle Attention (optional)								
	9707 W. Redwood Drive							
	Address 2 (optional)							
	Sun City				Λz		5351	
	UNITED S	TATES	₹		State or Province	Z	ip.	
	Country	"	444					

SYGNATURE - 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.

$()_{0}$	☑ I ACCEPT	
and the Turke	Judith Engle	3/29/22
Signature	Printed 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)	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	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 **y**ou have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.