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# LLC STATEMENT OF CHANGE OF PRINCIPAL ADDRESS OR STATUTORY AGENT

Read the Instructions L020i

	ENITITY A	IAME sive	the event n	ama of the		s currently shown in A	C C . rocco	rdo
1.						s currently shown in A		ius.
2.	CHAN the exagent	GE IN <b>EXIST</b>	TING STAT ory agent li	STORY ACS	<b>GENT I</b>	NAME ONLY - if the ds has changed, but a and give the new name	<i>name onl</i> y new	∕ of
2.1	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.					
						Check box ii saine as	Street dad	
Attention (optional)			Attention (optional)					
Address 1			Address	1		,		
Addres	s 2 (optional)				Address	2 (optional)		
City			State	Zip	City		State	Zip

<ol> <li>NEW STATUTORY AGENT - if a new state and complete the following for the NEW</li> </ol>	
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.
Eduardo Gonzalez	
Statutory Agent Name	
Attention (optional)	Attention (optional)
2828 N Cerinal Auc #828	
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
ar thoenix sum AZ 24 85044	City State Zip
3.3 REQUIRED - If you are appointing a new st form M002 must be submitted along with the	tatutory agent, the <u>Statutory Agent Acceptance</u> his Statement of Change form.
4. PRINCIPAL ADDRESS: check only one box  Same as Statutory Agent street address  Give the NEW mailing address of the l	Same as Statutory Agent mailing address
Attention (optional)  Address 1  Address 2 (optional)	
City	State or Zip Province

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### STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.	ENTITY NAME – give the exact name in Arizon Statutory Agent (this must match exactly the nat statutory agent, e.g., Articles of Organization or Mechanics LLC #	me as	s listed on the document appointing the es of Incorporation):
2.	STATUTORY AGENT NAME – give the exact not entity listed in number 1 above (this will be either must match exactly the statutory agent name a statutory agent (e.g. Articles of Incorporation or initial or suffix:	er an	individual or an entity). NOTE - the name ed in the document that appoints the
	Edyardo Gonzalez		
3.	STATUTORY AGENT SIGNATURE:		
	By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.		
	The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.		
50	Eduara Printed Na	As I	Genzalez 3-13-23
RE	QUIRED - check only one:		
K	Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	_ ы	ntity as statutory agent: I am signing on chalf of the entity named as statutory agent, and I am authorized to act for that entity.
	Expedited services are available for an additional	l fee -	see Instructions or Cover sheet for prices.
	ing Fee: none (regular processing) fees are nonrefundable - see Instructions.	Mail: Fax:	Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100
-	are he added that A.C.C. forms reflect only the minimum arrotations required by		V

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) 200-345-5819.

### **SIGNATURE** - see Instructions LO20i 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.

	XI A	ACCEPT			
	RAYMU	ndo MAYNIA	3-13-23		
Signature Printed Name Date					
REQUIRED - check only one and fill in the corresponding blank if signing for an entity:					
	I am an <b>individual</b> authorized to sign this document.	I am signing on behalf of an <b>entity</b> th is authorized to sign this document.	at		

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 Artzona 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 Artzona only) 800-345-5819.



Corporations Division

#### COMMISSIONERS

Jim O'Connor - Chairman Lea Márquez Peterson Anna Tovar Kevin Thompson Nick Myers

Date: 3/23/2023

Delivered via: Email

SMARTTOUCHGROUP987@GMAIL.COM

az Usa

RE:

**Entity Name:** 

A T Mechanics LLC

ACC Order Number: Document Received Date: 202303222107026

Rejected Document ID:

03/22/2023 11207037

If you submitted a payment, it has been deposited and is nonrefundable pursuant to A.R.S. § 29-3213, unless otherwise noted below.

The document Statement of Change - LLC Principal Address/Stat Agent you submitted is REJECTED for the following reasons:

#### **Rejection Comments:**

Section 2 must be left blank, un check box if appointing a new statutory agent.

#### YOUR NEXT STEPS:

Return the corrected document to us per the above instructions with this rejection letter. Please return the entire corrected document no later than 30 days after the date of this letter in order to keep your original filing date. If we receive the corrected document more than 30 days after the date of this letter, the original filing date will not apply; the corrected document's filing date would be the new received date if the document is approved for filing.

#### YOU CAN RESUBMIT ONE OF THE FOLLOWING WAYS:

#### ONLINE - Only if:

- You originally submitted online, and
- There are no payment issues noted above, and
- No new document type is required.

#### BY PAPER - Only if:

- You originally submitted by mail or over the counter, or
- There is a payment issue, or
- A different or new document type is required.

For online resubmission, log into your account and select the document under "My Rejected Filings."

For paper resubmission, return to the ACC the following:

- 1. All pages of the corrected or revised document, including any original attachments;
- 2. Any additional documents or forms required as noted in the above reasons for rejection;
- 3. Payment of any amounts owed as noted in the above reasons for rejection; and

RECE

MAR 2 9 2023

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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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 \*\*

	OKDER COPIES USIN	G 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:						
AT	AT MECHANICS LLC # 23143362					
EVDEDITER						
NOTE: A current	NOTE: A current phone number is required for ALL Same Day/Nort Day only the filling 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 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.						
☐ EXPEDI	EXPEDITED PROCESSING, ADD \$35.00  SAME DAY SERVICE, ADD \$200.00  Document will be examined by 5:00pm MST and must					
TWO-H	OUR SERVICE, ADD \$400.00	NEXT DAY SERVICE, ADD \$100.00				
Must be rece	vill be examined within 2-hours of submission elved by 3:00pm MST	Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST.				
PAYMENT:		mest business day. Plust be received by 5:00pm MST.				
☐ MOD Ac	Count #: Total a	amount to deduct:				
abbreviations. Cl or preprinted nar check numbers; Credit cards - n of good standing.	me and address of the account holder; no imprinted temporary checks (new accounts).  hay be used for in-person submittals, and for online. We accept only Visa or MasterCard.  RETURN DELIVERY OPTION (PLEATING PHONE NUMBER REQUIRED)	poration Commission," with all words spelled out and no cluding the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted check number; handwritten or stamped names, addresses, or corporation annual reports, online name reservations, or online certificates  SE PRINT CLEARLY and select only ONE):  POR ALL RETURN DELIVERY OPTIONS				
☑ Email	Email address REQUIRED: SMARTTOUCH GROUP987@gmail.com					
	Phone number REQUIRED:	20.00				
☐ Pick up	Name:					
	Phone number REQUIRED:					
	Name:					
☐ Mail	Address:					
	City:	State:				
	Phone number REQUIRED:	Zip:				
DOCUMENTS W	VILL BE MAILED IF THEY ARE NOT PICKE	D UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)				
PICK-UP BY	FOR ARIZONA CORPORATI	ION COMMISSION USE ONLY  DATE:				

View current processing times at: http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf