Clear Form

Print Form

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

LLC STATEMENT OF CHANGE OF PRINCIPAL ADDRESS OR STATUTORY AGENT

Read the Instructions <u>L020i</u>

1.	ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records: Wagoner Care LLC								rds:	
2.		CHANGE IN EXIST the existing statutor agent has not been existing statutory a	ory agent li appointed	sted in ACC I, check the	reco	rds has changed,	but a	a new	of of	
2.1		ANGE IN EXISTING follow instructions:					all th	at apply		
		MAILING ADI	DRESS CH	ANGED - 0	compl	ete number 2.3.				
2.2	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.					
		faalla				ed Dfaalla				
6127	Attention (optional) 5127 W Wagoner Rd				Attention (optional) 6127 W Wagoner Rd					
Address 1				Address	1					
Addres (City	s 2 (opt		AZ State	85308 zip		2 (optional) Glendale		AZ State	85308 zip	

3. [NEW STATUTORY and complete the fo						ited, check	the box	
3.1	REQUIRED - give the	name (can	be an	3.2		UIRED - give the			
individual or an entity) and physical or				Arizona of the NEW Statutory Agent (can be					
street address (not a P.O. Box) in Arizona				a P.O. Box):					
	of the NEW statutory a	igent:			Che	ck box if same as	street add	iress.	
Statutory	y Agent Name								
Attention	n (optional)			Attentio	n (optio	nal)			
Address	1			Address	1				
Address	2 (optional)			Address	2 (option	onal)			
City		State	Zip	City			State	Zip	
3.3	REQUIRED - if you ar	e appointir	ig a new st	atutor	y age	ent, the Statutory	Agent Acc	ceptance	
	form M002 must be su	ubmitted a	long with th	nis Sta	teme	ent of Change for	m.		
4.	PRINCIPAL ADDRESS Same as Statutory Give the NEW mail	Agent street a	address		Same a	as Statutory Agent ma	ailing address		
	Ahmed Dfaalla Attention (optional) Address 1 6127 W Wagoner Rd								
	Address 2 (optional)								
	Glendale				AZ		35308		
	Country INITED S	TATES			State of 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	
	De	ennis Valentine	12/12/2023
Signature	Print	red Name	Date
REQUIR	I am an individual authorized to sign this document.	sponding blank if signing for I am signing on behalf of is authorized to sign this	
	Dennis Valentine		

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.