



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:

NEXUS WOUND CONSULTANTS, PLLC

- 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)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	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.		
C T Corporation System					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
Address 1 3800 North Central Avenue, Suite 460			Address 1		
Address 2 (optional)		AZ	85012	Address 2 (optional)	
City	Phoenix	State	Zip	City	State
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:

Nexus Wound Consultants PLLC - AZ					
Attention (optional) 212 Castle Pines Dr					
Address 1					
Address 2 (optional) Kerrville			TX	78028	
City			State or Province	Zip	
Country	United States				

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.

DocuSigned by:



25581E40FDFE45B

☒ I ACCEPT

Dr. Samuel Jurca, D.O.

6/14/2024

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.
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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.

Clear Form

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

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002i*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

NEXUS WOUND CONSULTANTS, PLLC

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

C T Corporation System

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.

	Eric McConahay	6/25/2024
Signature	ed Name	Date

REQUIRED – check only one:

☐ Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	☒ Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing) All fees are nonrefundable – see Instructions.	Mail: Arizona Corporation Commission – Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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