

## LLC STATEMENT OF CHANGE OF MANAGER OR MEMBER ADDRESSES

*Read the Instructions [L021i](#)*

**1. ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

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**2. MANAGER ADDRESSES** – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form. *If the person is also a member, also list their name, address, and new address in the Member Addresses section.*

<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 1							
Address 1							
Address 2 (optional)							
City	<input style="width: 150px;" type="text"/>	State	Zip				
Country	<input style="width: 150px;" type="text"/>			City	<input style="width: 150px;" type="text"/>	State	Zip
Country	<input style="width: 150px;" type="text"/>			Country	<input style="width: 150px;" type="text"/>		
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 2							
Address 1							
Address 2 (optional)							
City	<input style="width: 150px;" type="text"/>	State	Zip				
Country	<input style="width: 150px;" type="text"/>			City	<input style="width: 150px;" type="text"/>	State	Zip
Country	<input style="width: 150px;" type="text"/>			Country	<input style="width: 150px;" type="text"/>		
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 3							
Address 1							
Address 2 (optional)							
City	<input style="width: 150px;" type="text"/>	State	Zip				
Country	<input style="width: 150px;" type="text"/>			City	<input style="width: 150px;" type="text"/>	State	Zip
Country	<input style="width: 150px;" type="text"/>			Country	<input style="width: 150px;" type="text"/>		
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 4							
Address 1							
Address 2 (optional)							
City	<input style="width: 150px;" type="text"/>	State	Zip				
Country	<input style="width: 150px;" type="text"/>			City	<input style="width: 150px;" type="text"/>	State	Zip
Country	<input style="width: 150px;" type="text"/>			Country	<input style="width: 150px;" type="text"/>		

**3. MEMBER ADDRESSES** – for each member being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that member. If more space is needed, submit another Statement of Change form. *If the person is also a manager, also list their name, address, and new address in the Manager Addresses section.*

<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 1							
Address 1							
Address 2 (optional)							
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
Country	<input type="text"/>			Country	<input type="text"/>		
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 2							
Address 1							
Address 2 (optional)							
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
Country	<input type="text"/>			Country	<input type="text"/>		
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 3							
Address 1							
Address 2 (optional)							
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
Country	<input type="text"/>			Country	<input type="text"/>		
<b>NAME AND ADDRESS BEFORE CHANGES:</b>				<b>NEW ADDRESS ONLY:</b>			
Name 4							
Address 1							
Address 2 (optional)							
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
Country	<input type="text"/>			Country	<input type="text"/>		

**SIGNATURE:** 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 \_\_\_\_\_

**REQUIRED** – check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> I am an <b>individual</b> authorized to sign this document. <input style="width:100%; height: 20px;" type="text"/>	<input type="checkbox"/> I am signing on behalf of an <b>entity</b> that is authorized to sign this document. <input style="width:100%; height: 20px;" type="text"/>
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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: 602-542-4100
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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.