AZ Corp. Commission
04037443

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OCT 12 2012
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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CORPORATION STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS, PRINCIPAL OFFICE ADDRESS, OR STATUTORY AGENT

Read the Instructions C016i

***NOTE** – no matter what is being changed, numbers 1, 2, 3.1, 5.1, and 5.2 must be completed. The form will be rejected if those sections are not completed.*

1. **ENTITY NAME –** give the exact name of the corporation as currently shown in A.C.C. records:
   6100 Fifth Condominium

2. **A.C.C. FILE NUMBER:** 0092316-4 F
   Find A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations

3. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

3.1 *REQUIRED* – list the known place of business address currently shown in A.C.C. records (before any changes):			**3.2** *Optional* - List the NEW known place of business address in Arizona (must be a street or physical address):		
Platinum Management Inc.					
Attention (optional)			Attention (optional)		
P.O. Box 17539					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City Tucson	State AZ	Zip 85731	City	State	Zip

3.3 If you completed 3.2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? ☐ Yes ☐ No

4. PRINCIPAL OFFICE ADDRESS:

4.1 *Required if changing* – list the principal office address currently shown in A.C.C. records (before any changes):			**4.2** *Optional* - List the NEW principal office address (must be a street or physical address):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Country			Country		

5. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission *before any changes* (this is the existing statutory agent):

5.1 *REQUIRED* – list the ***name*** and ***physical or street address*** (not a P.O. Box) in Arizona of the existing statutory agent:			**5.2** *REQUIRED* – list the **mailing address** (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:		
Kathleen Buske Statutory Agent Name					
Platinum Management Inc. Attention (optional)			Platinum Management Inc. Attention (optional)		
310 S. Williams Blvd. #135 Address 1			P.O. Box 17539 Address 1		
Address 2 (optional) Tucson City	AZ State	85731 Zip	Address 2 (optional) Tucson City	AZ State	85731 Zip

5.3 ☐ **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY –** if the *name only* of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

_____

5.4 **CHANGE IN EXISTING STATUTORY AGENT ADDRESS –** check all that apply and follow instructions:

☑ **STREET ADDRESS CHANGED –** complete number 5.5.

☑ **MAILING ADDRESS CHANGED –** complete number 5.6.

5.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			**5.6 NEW MAILING ADDRESS** – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
The Property Management Group Attention (optional)			The Property Management Group Attention (optional)		
3720 Camino Principal #103 Address 1			P.O. Box 13402 Address 1		
Address 2 (optional) Tucson City	AZ State	85715 Zip	Address 2 (optional) Tucson City	AZ State	85732 Zip

6. ☑ **NEW STATUTORY AGENT** – if a new statutory agent is being appointed, check the box and complete the following for the **NEW statutory agent**:

6.1 *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:			**6.2** *OPTIONAL* – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Betty Carpenter Statutory Agent Name			The Property Management Group		
Attention (optional) 6720 Camino Principal #103			Attention (optional) P.O. Box 13402		
Address 1			Address 1		
Address 2 (optional) City Tucson	AZ State	85715 Zip	Address 2 (optional) City Tucson	AZ State	85732 Zip

6.3 *REQUIRED* – if you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form.

SIGNATURE – *see Instructions C016i 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 perjury* that he or she has given the corporation named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☑ I ACCEPT

Betty Carpenter Signature	Betty Carpenter Printed Name	10-10-12 Date (mm/dd/yyyy)

REQUIRED – check only one:

☐ I am the **Chairman of the Board of Directors** of the corporation filing this document.	☐ I am a duly-authorized **Officer** of the corporation filing this document.	■ I am a **Statutory Agent** changing only my own address and/or my own name.

Filing Fee: None (regular processing) Expedited processing – add $35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

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.

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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:

   6100 Fifth Condominium

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): 0092316-4
   Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations

3. **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):

   The Property Management Group

   3.1 **Check one box:** ☐ The statutory agent is an **Individual** (natural person).
   ☒ The statutory agent is an **Entity**.

STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Betty Carpenter — Signature

Betty Carpenter — Printed Name

10-10-12 — Date

REQUIRED – check only one:

☐ **Individual as statutory agent:** I am signing on behalf of myself as the individual	☒ **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.

Filing Fee: none (regular processing) Expedited processing – add $35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

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ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET

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USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

ARE YOU FILING: ☑ New Entity ☐ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: 6100 Fifth Condominium

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
☐ Articles of Domestication	☐ $100.00	☐ $135.00
☐ Articles of Incorporation (Profit)	☐ $ 60.00	☐ $ 95.00
☐ Articles of Incorporation (Non Profit)	☐ $ 40.00	☐ $ 75.00
☐ Articles of Organization (Limited Liability Company)	☐ $ 50.00	☐ $ 85.00
☐ Application For Authority (Business)	☐ $175.00	☐ $210.00
☐ Application to Conduct Affairs (Non Profit)	☐ $175.00	☐ $210.00
☐ Application for New Authority	☐ $175.00	☐ $210.00
☐ Application for Registration	☐ $150.00	☐ $185.00
☐ Articles of Amendment	☐ $ 25.00	☐ $ 60.00
☐ Articles of Amendment & Restatement	☐ $ 25.00	☐ $ 60.00
☐ Articles of Correction	☐ $ 25.00	☐ $ 60.00
☐ Articles of Merger/Share Exchange	☐ $100.00	☐ $135.00
☐ Articles of Merger (Limited Liability Company)	☐ $ 50.00	☐ $ 85.00
☐ Affidavit of Publication	☐ $ 0.00	☐ $ 35.00
☐ CORPORATIONS -Certified Copies* *If copies are for different entities the Expedite fee applies to each entity	☐ $5.00 Each (_____) (Enter Quantity)	☐ $40.00 (_____) (Enter Quantity)
☐ LLCs - Certified Copies* *If copies are for different entities the Expedite fee applies to each entity	☐ $10.00 Each (_____) (Enter Quantity)	☐ $45.00 (_____) (Enter Quantity)
☐ Good Standing Certificate* *If Good Standing Certificates are for different entities the Expedite fee applies to each entity	☐ $10.00 Each (_____) (Enter Quantity)	☐ $45.00 (_____) (Enter Quantity)
☑ Other: Corporation Statement of Change of Kno	☐ Regular Fee	☐ Expedite Fee

SELECT PAYMENT TYPE: DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

☐ Check — Check # _____ — Check Amount $ _____

☐ M.O.D. Account — MOD Acct # _____ — Mod Amount $ _____

☐ Cash -- for in-person filings only (Do not send cash in the mail.) — Cash Amount $ _____

☐ Credit Card -- for in-person filings only — CC Amount $ _____

☑ No fee required NO SALE

SELECT ONE RETURN DELIVERY OPTION: ☑ Mail ☐ Pick Up ☐ Fax # (_____)_____

REQUIRED: Please list the person or company who will be picking up the completed documents.
DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name: **Phone Number:**

Address:

City: **State:** **Zip:**

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____ **DATE:** _____

View current process times at: www.azcc.gov/Divisions/Corporations