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MAR 0 5 2015

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

AZ Corp. Commission

04989484

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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:
Patrick Ranch Community Association, Inc.

2. **A.C.C. FILE NUMBER:** -0721077-6
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):
% Jason Proudfit/First Service Residential AZ	
Attention (optional)	Attention (optional)
9000 E. Pima Cntr Pkwy ste 300	14988 N. 78th Way Suite 220
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City Scottsdale State AZ Zip 85258	City Scottsdale State AZ Zip 85260

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):
% Jason Proudfit/First Service Residential	/ The Management Trust
Attention (optional)	Attention (optional)
9000 E. Pima Cntr. Pkwy	14988 N. 78th Way Suite 220
Address 1	Address 1
Suite 300	
Address 2 (optional)	Address 2 (optional)
Scottsdale AZ 85258	Scottsdale AZ 85260
City State Zip	City State Zip
Country USA	Country USA

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:
% Jason Proudfit First Service Residential AZ Statutory Agent Name	% Jason Proudfit First Service Residential AZ
9000 E. Pima Cntr. Pkwy Attention (optional)	9000 E. Pima Cntr. Pkwy Attention (optional)
Suite 300 Address 1	Suite 300 Address 1
Address 2 (optional)	Address 2 (optional)
City Scottsdale State AZ Zip 85258	City Scottsdale State AZ Zip 85258

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:

n/a

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):
Attention (optional)	Attention (optional)
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State Zip	City State 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):
THE MANAGEMENT TRUST Statutory Agent Name	The Management Trust S. Kraut
S. KRAUT Attention (optional)	Attention (optional)
14988 N. 78th Way Suite 220 Address 1	14988 N. 78th Way Suite 220 Address 1
Address 2 (optional)	Address 2 (optional)
City Scottsdale State AZ Zip 85260	City Scottsdale State AZ Zip 85260

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

Signature

S. KRAUT
Printed Name

3-2-15
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 (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

Patrick Ranch Community Association Inc.

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:

The Management Trust

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.

Signature	S. KRAUT	3.2.15
	Printed 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.

Filing Fee: none (regular processing) Expedited processing – not applicable. 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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Print

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET

Clear Form

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: Patrick Ranch Community Association Inc.

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: Statutory Agent Change	☐ Regular Fee	☐ Expedite Fee

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

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☐ 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

REQUIRED - SELECT ONE RETURN DELIVERY OPTION: ☒ Mail ☐ Pick Up ☐ Fax # (___) _____

PLEASE PRINT E-MAIL ADDRESS CLEARLY:

☒ E-mail: breanna.baca@managementtrust.com

For Mail or Pick Up - 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 ONE WEEK).

Person or Company Name: The Management Trust attention: Breanna Baca

Phone Number: 480-284-5551 x2119

Address: 14988 N. 78th Way #220

City: Scottsdale **State:** AZ **Zip** 85260

FOR ARIZONA CORPORATION COMMISSION USE ONLY

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

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

CFCVLR REV 07/2014