AZ Corp. Commission
04367375

RECEIVED
AUG 0 6 2013
ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

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

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:
94th Street McDowell Mountain Business Park Condominium Assoc.

2. A.C.C. FILE NUMBER: 1049431
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):
Attention (optional): Golden Valley Property Mgmt	Attention (optional): Golden Valley Property Mgmt
Address 1: PO Box 73259	Address 1: 608 E. Missouri Ave #100
Address 2 (optional):	Address 2 (optional):
City: Phoenix / State: AZ / Zip: 85050	City: Phoenix / State: AZ / Zip: 85012

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:		
Statutory Agent Name					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	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):		
Golden Valley Property Mgmt			Golden Valley Property Mgmt		
Attention (optional)			Attention (optional)		
608 E. Missouri Ave #100			608 E. Missouri Ave #100		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Phoenix	AZ	85012	Phoenix	AZ	85012
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):		
Statutory Agent Name					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	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

Michael Latz — Signature

Michael Latz — Printed Name

08/01/2013 — 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.

RECEIVED
AUG 0 6 2013
ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET

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: 74th Street McDowell Mountain Business Park Condo. Assoc.

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: Change of Stat agent address	☐ 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

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: Michael Latz

Phone Number: 602-294-0999

Address: 608 E. Missouri Ave #100

City: Phoenix State: AZ Zip: 85012

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____ DATE: _____

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

CFCVLR REV 03/13/2009