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JUN 06 2016

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION



05537659

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:
ANDALUZA COMMUNITY ASSOCIATION

2. **A.C.C. FILE NUMBER:** 20638659
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):		
			AAM, LLC		
Attention (optional) 9000 E PIMA CENTER PKWY			Attention (optional) 1600 W BROADWAY RD		
Address 1 STE 350			Address 1 SUITE 200		
Address 2 (optional) City SCOTTSDALE		State AZ	Zip 85258	Address 2 (optional) City TEMPE	
		State AZ	Zip 85282		
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):		
			AAM, LLC		
Attention (optional) 9000 E PIMA CENTER PKWY			Attention (optional) 1600 W BROADWAY RD		
Address 1 STE 350			Address 1 SUITE 200		
Address 2 (optional) City SCOTTSDALE		State AZ	Zip 85258	Address 2 (optional) City TEMPE	
		State AZ	Zip 85282		
Country UNITED STATES			Country UNITED STATES		

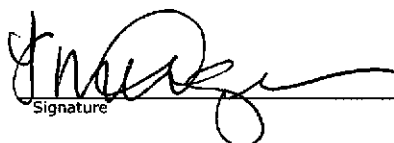
6. <input checked="" type="checkbox"/> NEW STATUTORY AGENT – if a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent :			
6.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:		6.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):	
AMANDA SHAW			
Statutory Agent Name AAM, LLC			
Attention (optional) 1600 W BROADWAY RD		Attention (optional)	
Address 1 SUITE 200		Address 1	
Address 2 (optional) TEMPE	State AZ	Zip 85282	Address 2 (optional) City State Zip
6.3 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.			

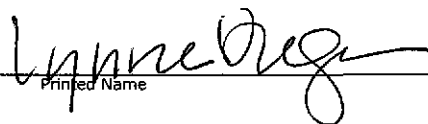
SIGNATURE – see Instructions C016i for who is authorized to make changes:

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


Printed Name


Date (mm/dd/yyyy)

REQUIRED – check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
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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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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.

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):

ANDALUZA COMMUNITY ASSOCIATION

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:

Amanda Shaw

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

Amanda Shaw

Printed Name

5-31-16

Date

REQUIRED – check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> 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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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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