



RECEIVED

FEB 04 2016

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:  
Town of Miami, Arizona Municipal Property Corporation

**2. A.C.C. FILE NUMBER:** 16416813

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):

c/o Town Clerk

Attention (optional)

Attention (optional)

500 Sullivan Street

Address 1

Address 1

Address 2 (optional)

AZ

85539

Address 2 (optional)

City Miami

State

Zip

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):

<b>5.1 REQUIRED</b> – list the <b>name</b> and <b>physical or street address</b> (not a P.O. Box) in Arizona of the existing statutory agent:			<b>5.2 REQUIRED</b> – list the <b>mailing address</b> (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:		
Curtis, Goodwin, Sullivan, Udall & Schwab, PLC					
Statutory Agent Name					
Susan D. Goodwin			Susan D. Goodwin		
Attention (optional)			Attention (optional)		
501 East Thomas Road			501 East Thomas Road		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Phoenix	AZ	85012	Phoenix	AZ	85012

**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.

<b>5.5 NEW STREET ADDRESS</b> – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			<b>5.6 NEW MAILING ADDRESS</b> – 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



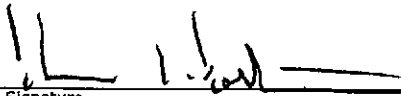
<b>6. <input checked="" type="checkbox"/> NEW STATUTORY AGENT</b> – if a new statutory agent is being appointed, check the box and complete the following for the <b>NEW statutory agent</b> :					
<b>6.1 REQUIRED</b> – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>6.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Gust Rosenfeld, P.L.C. <small>Statutory Agent Name</small> Susan D. Goodwin <small>Attention (optional)</small> One East Washington Street, Suite 1600 <small>Address 1</small>  <small>Address 2 (optional)</small> City <b>Phoenix</b> <b>AZ</b> <b>85004</b> <small>State</small> <small>Zip</small>			   <small>Attention (optional)</small> Same <small>Address 1</small>  <small>Address 2 (optional)</small> City      State      Zip		
<b>6.3 REQUIRED</b> – 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	Thomas D. Foster Printed Name	2-01-2010 Date (mm/dd/yyyy)
--	----------------------------------	--------------------------------

**REQUIRED** – check only one:

<input checked="" type="checkbox"/> I am the <b>Chairman of the Board of Directors</b> of the corporation filing this document.	<input type="checkbox"/> I am a duly-authorized <b>Officer</b> of the corporation filing this document.	<input type="checkbox"/> I am a <b>Statutory Agent</b> 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.

100

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

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

# COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

RECEIVED  
FEB 04 2015

1. WHAT ARE YOU FILING?

☐ New Entity ☒ Change to existing entity ☐ Re-submission/Correction

2. ENTITY NAME:

Town of Miami, Arizona Municipal Property Corporation

3. CALCULATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	
Do you want EXPEDITED processing? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, add \$35.00	Subtotal:	
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> LLC certified copies \$10.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	<b>\$0.00</b>

4. PAYMENT METHOD:

<input type="checkbox"/> MOD Account #
<b>Cash</b> - do not mail cash. Cash may be used only for in-person submittals. <b>Checks or money orders</b> - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts). <b>Credit cards</b> - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: cyoungberg@gustlaw.com
<input type="checkbox"/> Pick up	Name: Phone:
<input type="checkbox"/> Mail	Name: Address: City: State: Zip: Phone:

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY	
PICK-UP BY:	DATE:

View current processing times at: [www.azcc.gov/Divisions/Corporations/document-processing-times.pdf](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)

11