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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: Nogales U.S. Customs Brokers Association

2. A.C.C. FILE NUMBER: 17493525

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):			
Add a d far a far a far a far					
Attention (optional)		Altention (optional)			
1200 W. Industrial Dr.		1777 N. Frank Reed Rd., Suite 4			
Address 1			Address 1		
Address 2 (optional)	AZ	85621	Address 2 (optional)	AZ	85621
_{City} Nogales	State	Zīp	_{City} Nogales	State	Zip
3.3 If you completed the street address of			place of business addr	ess in Arizona	the same as

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):		
Attent	ion (optional)			Attention (öptional)		
Addre	ss 1	, , , , , , , , , , , , , , , , ,		Address 1		
Addres	ss 2 (optional)	1	- <u></u>	Address 2 (optional)		
City	y	State	Ζίρ	City State Zip		

z

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 (if one exists in / of the existing Si	A.C.C. records	s) in Arizona
Hector F. Lopez Statutory Agent Name					
Attention (optional) 1777 N. Frank Reed Ro	1 #4	······································	Attention (optional)		
Address 1			Address 1		
Address 2 (optional) City Nogales	AZ State	85621 zip	Address 2 (optional) 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.

	NEW STREET ADDRE physical or street addr in Arizona of the existi	ess (not a	P.O. Box)	5,6	NEW MAILING AD mailing address in A statutory agent (car	vrizona of th	e existing
Attention	(optional)			Attentio	n (optional)		
Address :				Address	1		
Address :	2 (optional)]	Address	2 (optional)		1
City		State	Zlp	City		State	Zip

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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):		
Hector F. Suarez Statutory Agent Name			-		
Attention (optional) 1485 N. Mariposa Rai	ich Rd		Attention (optional)		
Address 1			Adaress 1		
Address 2 (optional) _{City} Nogales	AZ	85621 Zip	Address 2 (optional)	State	Zip

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.

Signature

7 I ACCEPT

EFTOR SUARBZ Printed Name

Date (Jhm/dd/vvvv

REQUIRED - check only one:

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

Filing Fee: None (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing - add \$35.00 to filing fee.		1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	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 course for those matters that may pertain 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 602-542-3025 or (within Arizona only) 600-345-5819.

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

STATUTORY AGENT ACCEPTANCE

Please read Instructions MOD2i

- 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): Nogales U.S. Customs Brokers 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:

Hector F. Suarez

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.

Hector F. Suarez Printed Name

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REQUIRED - check only one:

Individual as statutory agent: I am	Er
signing on behalf of myself as the individual	be
(natural person) named as statutory agent.	an an

ntity as statutory agent: I am signing on shalf of the entity named as statutory agent, nd I am authorized to act for that entity.

Filing Fee: none (regular processing) Expedited processing – not applicable. All fees are nonrefundable - see Instructions.	Mall: Fax:	Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100
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