AZ Corp. Commission

05828980

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FEB 22 2017

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:
DEB-LIN MANOR UNIT 3 HOMEOWNERS ASSOCIATION

2. **A.C.C. FILE NUMBER:** 01020364
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) Planned Development Services	Attention (optional) UNITY ASSOCIATION MANAGEMENT
Address 1 14100 N. 83rd Ave., Suite 200	Address 1 3910 S. ALMA SCHOOL RD., SUITE 1
Address 2 (optional) City Peoria / AZ / 85381 (State / Zip)	Address 2 (optional) City CHANDLER / AZ / 85248 (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) City / State / Zip	Address 2 (optional) 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:		
LORI RUTLEDGE					
Statutory Agent Name Planned Development Services					
Attention (optional) 14100 N. 83rd Ave., Suite 200			Attention (optional) 14100 N. 83rd Ave., Suite 200		
Address 1			Address 1		
Address 2 (optional) City Peoria	AZ State	85381 Zip	Address 2 (optional) City Peoria	AZ State	85381 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):		
UNITY ASSOCIATION MANAGEMENT			UNITY ASSOCIATION MANAGEMENT		
Attention (optional)			Attention (optional)		
Address 1 3910 S. ALMA SCHOOL RD., SUITE 1			Address 1 3910 S. ALMA SCHOOL RD., SUITE 1		
Address 2 (optional) City CHANDLER	AZ State	85248 Zip	Address 2 (optional) City CHANDLER	AZ State	85248 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):		
NICOLE THOMPSON Statutory Agent Name					
Attention (optional)			Attention (optional)		
Address 1 3910 S. ALMA SCHOOL RD., SUITE 1			Address 1 3910 S. ALMA SCHOOL RD., SUITE 1		
Address 2 (optional) City CHANDLER	AZ State	85248 Zip	Address 2 (optional) City CHANDLER	AZ State	85248 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

Signature | Printed Name | 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):
   DEB-LIN MANOR UNIT 3 HOMEOWNERS 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:
   NICOLE THOMPSON

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 | 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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COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
**** ORDER COPIES USING A RECORDS REQUEST FORM ****

WHAT ARE YOU FILING?

☐ New Entity ☑ Change to existing entity ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

DEB-LIN MANOR UNIT 3 HOMEOWNERS ASSOCIATION

EXPEDITED PROCESSING?

☐ YES - add $35 to the filing fee	☑ NO - pay only the filing fee
Document filing fees are listed on the bottom of each form or on the fee schedule on our website, http://ecorp.azcc.gov, under the FAQs.	

PAYMENT:

☐ MOD Account #: Total amount to deduct:

Cash - do not mail cash. Cash may be used only for in-person submittals.
Checks or money orders - 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).
Credit cards - 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.

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

☑ Email	Email address: nicole@unityassociation.management	
☐ Pick up	Name: NICOLE THOMPSON	Phone: 480-688-9164
☐ 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