

RECEIVED

MAR 07 2018

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

AZ Corp. Commission



06270921

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*

1. **ENTITY NAME** – give the exact name of the corporation as currently shown in A.C.C. records:  
Diamond Touch, Inc.

2. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

Give the **NEW physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

c/o Corporate Creations		
Attention (optional)		
3260 N. Hayden Road #210		
Address 1		
Address 2 (optional)		
Scottsdale	AZ	85251
City	State or Province	Zip
Country	UNITED STATES	
2.1 If you completed 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		

3. **PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** – *see Instructions C016i* – give the **NEW physical or street address** (not a P. O. Box) of the foreign corporation required to be maintained in its state of organization, or, if not so required, of the foreign corporations statutory agent in its state or country of incorporation:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

4. **CHANGE IN EXISTING STATUTORY AGENT ADDRESS** – check all that apply and follow instructions:

- ☐ **STREET ADDRESS CHANGED** – complete number 4.1  
☐ **MAILING ADDRESS CHANGED** – complete number 4.2

<b>4.1 NEW STREET ADDRESS</b> – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			<b>4.2 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

5. ☐ **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – if the *name only* of the existing statutory agent listed in ACC records has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

\_\_\_\_\_

<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):		
Corporate Creations Network Inc.					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
3260 N. Hayden Road #210					
Address 1			Address 1		
Address 2 (optional)		AZ	85251		
City	Scottsdale	State	Zip	City	State
<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

 Taylor Page, Attorney-in-fact 3/7/18  
Signature Printed Name Date (mm/dd/yyyy)

**REQUIRED** – check only one:

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

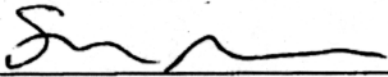
Limited Power of Attorney

The undersigned Officer of Diamond Touch, Inc. a Texas entity ("the Company"), appoints Taylor Page as attorneyin fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Savannah Montalban, Special Secretary grants to the attorneyin fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations Network Inc., 11380 Prosperity Farms Road #221E, Palm Beach Gardens, FL 33410.

The undersigned has executed this Limited Power of Attorney effective as of this 7th day of March, 2018.

Diamond Touch, Inc.

By: 

Name: Savannah Montalban

Title: Special Secretary

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 19th day of February, 2018..



Notary Public



Karen Montano  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF911586  
Expires 8/20/2019

## 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):  
Diamond Touch, Inc.

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:  
Corporate Creations Network Inc.

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

Carlos Alvarez, Special Secretary  
Printed Name

3/17/17  
Date

**REQUIRED** – check only one:

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