WHAT ARE YOU FILING?

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** ORDER COPIES USING A RECORDS REQUEST FORM **

ightharpoonup Change to existing entity ightharpoonup Re-submission of rejected filing

Transaction	Record Analysis Center, Inc	•
EXPEDITED	PROCESSING?	
YES - add	\$35 to the filing fee	✓ NO - pay only the filing fee
	ng fees are listed on the boazcc.gov, under the FAQs.	ottom of each form or on the fee schedule on our website,
PAYMENT:		
☐ MOD Acc	ount #:	Total amount to deduct:
handwritten or Credit cards -	may be used for in-person submi	
handwritten or Credit cards - online certificat	may be used for in-person submits of good standing. We accept of RETURN DELIVERY OPT	neck numbers; temporary checks (new accounts). Itals, and for online corporation annual reports, online name reservations, only Visa, MasterCard, and American Express. TION (PLEASE PRINT CLEARLY and select only ONE):
handwritten or Credit cards - online certificat REQUIRED -	may be used for in-person submi es of good standing. We accept or	neck numbers; temporary checks (new accounts). Itals, and for online corporation annual reports, online name reservations, only Visa, MasterCard, and American Express. TION (PLEASE PRINT CLEARLY and select only ONE):
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handwritten or Credit cards - online certificate REQUIRED - Email Pick up Mail	may be used for in-person submites of good standing. We accept of RETURN DELIVERY OPT Email address: carol.keppler@ Name: Name: Address: City: Phone:	tals, and for online corporation annual reports, online name reservations, only Visa, MasterCard, and American Express. TON (PLEASE PRINT CLEARLY and select only ONE): Pazag.gov Phone:

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CORPORATION STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS, PRINCIPAL OFFICE ADDRESS, OR STATUTORY AGENT

Read the Instructions C016i

DIZON	A KNOWN DI ACE OF BUSINESS ADI	ADECC.	
RIZONA	A KNOWN PLACE OF BUSINESS AD	JKESS:	
Giv	e the NEW physical or street addres	s (not a P.O. Box)	of the known place of b
of t	he corporation in Arizona:		
_			
A	ttention (optional)		
	005 North Central Avenue		
	ddress 1		
	ddress 2 (optional)		0.5004
1 -	hoenix	AZ	85004
	UNITED STATES	State or Province	Zip
C	ountry		
	and the second of the second s		11
	2.1 If you completed 2, is the NEW k	nown place of busin	ness address in Arizona
- -	the same as the street address of	the statutory ager	nt? Yes No
Ľ.	the same as the street address of	the statutory ager	ness address in Arizona nt? Yes No
[:	the same as the street address of	the statutory ager	ness address in Arizona nt? Yes No
	the same as the street address of	the statutory ager	nt? No No
INCIPA	the same as the street address of	the statutory ager	nt? Yes No ADDRESS - <u>see Instruc</u>
INCIP 16i – gi	the same as the street address of AL OFFICE ADDRESS - FOREIGN DO we the NEW physical or street address	MICILE STREET A	ADDRESS – <u>see Instruct</u> x) of the foreign corpora
INCIPA 16i – gi	AL OFFICE ADDRESS - FOREIGN DO we the NEW physical or street addres be maintained in its state of organiza	MICILE STREET A ess (not a P. O. Bo tion, or, if not so re	ADDRESS – <u>see Instruct</u> x) of the foreign corpora
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Address 1 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent: Address 1) mailing address in Arizona of the existing									
							ddress 2 (optional)			Address 2 (optional)		
							lity	State	Zip	City	State	Zip
	tutory agent belo	ow:		N = 1								
existing sta	TUTORY AGENT te the following f	ow: - if a new stor the NEW s	atutory agent is bei	ng appointed, ch								
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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 Lebel	Richard Lebel	11/21/17 Date (mm/dd/yyyy)
REQUIRED - check only one:		101
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.

Arizona Corporation Commission - Corporate Filings Section Filing Fee: None (regular processing) Mail: 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 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.

C016.002 Rev: 2017

Arizona Corporation Commission - Corporations Division