

F080000005230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

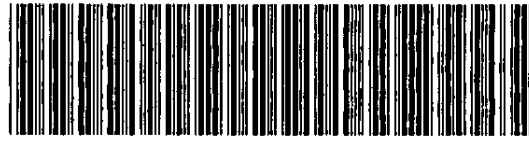
(Business Entity Name)

(Document Number)

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R.A. Rodch
@ 5/20/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mio Frontiers, Inc.
Name of Corporation

DOCUMENT NUMBER: F08000005230

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHEILA GIRARD
Name of Contact Person

MIO FRONTIERS
Firm/Company

PO BOX 60670
Address

PHOENIX, AZ 85082
City/State and Zip Code

sheila.girard@gracetogo.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHEILA GIRARD at (480) 209-5761
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mio Frontiers, Inc.

2. The principal office address: _____
939 SOUTH EDWARD DRIVE, TEMPE, AZ 85281

3. The mailing address (if different): _____
PO BOX 60670, PHOENIZ, AZ 85082-0670

4. Date of incorporation/qualification: 12/04/2008 Document number: F08000005230

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SHANK, KIMBERLY L

1547 Flagami Terrace

Deltona, FL 32725

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable
Loxahatchee, FL 33470

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CORPORATION DIVISION
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

J Stephen Sada

Signature of an officer or director

J Stephen Sada, CFO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Josie A Sorensen

Signature of Registered Agent

April 16, 2013

Date

If signing on behalf of an entity:

Josie A Sorensen on behalf of Incorp Services, Inc.

Typed or Printed Name

*** FILING FEE: \$35.00 ***