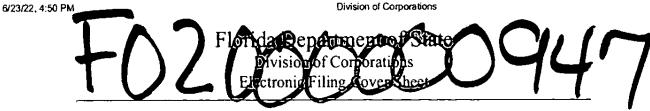
Division of Corporations



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(((H22000217677 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

: (888)706-7274 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE ARIZONA MWM CORPORATION

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## **COVER LETTER**

TO:

Amendment Section **Division of Corporations** 

15129570210

UBJECT: ARIZONA	MWM	CORP	ORAT	ION
ame of Cornoration				

F02000000947 DOCUMENT NUMBER:

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:

Zachary Ysais
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Zachary	/ Ysais	at ( <sup>888</sup>	) 705-7274
Na	me 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050 nge is submitted for a corpor	ation organized	under the la	ws of the State	of Arizona		_
	r to change its registered offic	_			•		
1. The name of t	he corporation: ARIZON	IA MWM	CORPC	PRATION			_
2. The principal	office address:	·					_
	ddress (if different):						_
4. Date of incorp	poration/qualification: 2/22	2/2002	_ Document	number: F02	2000000	947	
	I street address of the current i tment of State: (If resigned, et		and register	ed office on file	with the		
	<b>NRAI SERVIC</b>	ES, INC	<b>)</b> .				
	1200 SOUTH PINE ISL	AND ROAD	)		<del></del>		
	PLANTATION		FL	33324			
6. The name and (if changed):	street address of the new reg	istered agent (if	changed) an	nd /or registered	office		
	Registered Age	nt Soluti	ons, Ind	<b>C.</b>	SECF	2022 .	:557
	155 Office Plaz	a Dr.	Suite A	4	- F.E.E.	.022 JUN 24	emma emma
	Tallahassee	P.O. Box NO	Tacceptable 3230	01	RY OF	AH AH	
The street addre as changed will	ss of its registered office and be identical.	I the street add	ress of the bi	usiness office o	fits registere	d agen	l,
Such change wa authorized by th	s authorized by resolution due board, or the corporation h	uly adopted by as been notifie	its board of d in writing	directors or by of the change.	an officer so		
Ist Sherrie A	Sife	S <u>r</u>	errie A.	Sipe	Vice P	resid	ent
I hereby accept I further agree to of my duties, and document is bein	the appointment as registere o comply with the provisions d I am familiar with and acco ng filed merely to reflect a ch been notified in writing of th	of all statutes ept the obligati ange in the re	ree to act in relative to th	this capacity, he proper and c sition as reviste	complete perf erca agent. O	Ir. 11 In.	23
Hodean	zidt	C	6/23/20	22			
Sign	nature of Registered Agent			Date			
If signing on bel	half of an entity:						
Mackenzie Hart,	Assistant Secretary						
Ту	ped or Printed Name	<del></del>					