Corporation/Limited Liability Company - Information Change



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200 (503) 378-4381 Please Type or Print Legibly in Black ink. Attach Additional Sheet if Necessary.

Print Form

REGISTRY NUMBER:

ENTITY TYPE: @ DOMESTIC (FOREIGN

DEC 20 2017

Reset Form

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website. For office use only OHEGON 1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY: SECRETARY OF STATE Complete only the sections that you are updating. 6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES: 2. BUSINESS ACTIVITY 3. PRINCIPAL PLACE OF BUSINESS: (Street Address) 7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT. 8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT **ARE IDENTICAL.** The entity has been notified in writing of this change. rmen 9. INDIVIDUAL WITH DIRECT KNOWLEDGE REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the registered agent's office. Kentwood Dr Eugene, OR 97401 10. NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS Corporations list the name and address of one President and one Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315). Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787). Please attach a separate sheet of paper if needed. If making changes to this section, list all current names and addresses. This replaces what is currently on the record. SECRETARY OR MANAGER(S): (Names and Addresses) PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses) Carmen Urbina 11. EXECUTION: I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of the person, any officers, directors, employees, or agents of the corporation, or any members, managers, employees, or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both. SIGNATURE: **PRINTED NAME:** KIM FEICKE Former owner **CONTACT NAME:** (To resolve questions with this filing) OREGON CENTER FOR EDUCATIONAL E PHONE NUMBER: (Include area code)

510-030