



Amendment to Annual Report/Information Statement

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – <http://www.FilingInOregon.com> - Phone: (503) 986-2200

- Business Corporation
- Nonprofit Corporation
- Professional Corporation
- Cooperative
- Water District

REGISTRY NUMBER: _____

ENTITY TYPE: DOMESTIC OR FOREIGN

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

Please Type or Print Legibly in **Black Ink**.

1) **NAME OF ENTITY:** _____

2) **PRINCIPAL PLACE OF BUSINESS:** _____

3) **ADDRESS FOR MAILING NOTICES:** _____

4) **THE REGISTERED AGENT HAS BEEN CHANGED TO:** _____

5) **THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.**

6) **ADDRESS OF THE NEW REGISTERED OFFICE:** (Must be an Oregon Street Address which is identical to the registered agent's business office. _____

7) **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.

OFFICERS

8) **PRESIDENT:** (Name and Address) _____

9) **SECRETARY:** (Name and Address) _____

10) **EXECUTION: (An officer must sign.)**

By my signature, I declare as an authorized authority, that 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: _____

Title: _____

Date: _____

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES

No Processing Fee

Free copies are available at FilingInOregon.com, using the Business Name Search program.