

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://sos.oregon.gov/business - 电话: (503) 986-2200 Phone: (503) 986-2200

传真: (503) 378-4381

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登	记号: ISTRY NUMBER:	_			
	实体类型: 〇国内 ENTITY TYPE: 〇国内	国外 FOREIGN			
我们 In acco	B俄勒冈州修订法规第 192.410-192.490 款,本申]必须根据要求向各方发布此信息,并将其公布在3 oust release this information to all parties upon request and it will be post ust release this information to all parties upon request and it will be post	我们的网站上。 n this application is public record.		仅供办公使用 For office use only	
1.	. 公司或有限责任公司名称: NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:				
-			您正在更 新		
2.	. 业务活动 BUSINESS ACTIVITY	Complete only the	e sections that you a	are updating. 可供部门邮寄通知的地址: ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:	
3.	. 主要营业地点: (街道地址) PRINCIPAL PLACE OF BUSINESS: (Street Address)		7.	新注册代理人已同意此项任命。 THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT	:
			8.	新注册办公室的街道地址与注册代相同。	:理人的办公地址
				已以书面形式通知该实体此项变更。 THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSIN ARE IDENTICAL. The entity has been notified in writing of this change.	NESS ADDRESS OF THE REGISTERED AGENT
4.	. 注册代理人已变更为: THE REGISTERED AGENT HAS BEEN CHANGED TO:		9.	直接知情人员(姓名和地址) 列出至少一名人员的姓名和地址,此人是公责任公司的成员或经理)或直接知悉公司	
5.	. 注册代理人的公开可用地址: 必须为俄勒冈州街道地址,与注册代理人的 REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the registered			务活动的授权代表。 INDIVIDUAL WITH DIRECT KNOWLEDGE (Names and Addresses) List the name and address of at least one individual who is a director, o (member or manager of the LLC) or an authorized representative with o	
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10	0公司管理人员或有限责任公司成员公司列出一名董事长和一名秘书的姓名和有限责任公司列出经理管理的有限责任公如有需要,另附纸张。如对此部分做出变更,请列出所有当	1地址(ORS第 60.787 、65.787 3司的经理姓名和地址,或成员管	理的有限责	任公司的至少一名成员的姓名和地址(ORS	5 第 63.787 款) 。
	NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICERS OR LLC MEMBER: Corporations list the name and address of one President and one Secre	S/MANAGERS ttary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315) rrs for a manager-managed limited liability company or).	ess of at least one member for a member-managed limited liability com	pany (ORS 63.787). Please attach a separate
	# + 1 / 1 × 2 × + 1 / 1 × - 1 × - 1	和地址)		秘书 或 经理 : (姓名和地址) SECRETARY OR MANAGER(S): (Names and Addresses)	

11. 执行:本人以授权签署人身份声明,根据作伪受罚的规定,本文件不会以欺诈方式隐瞒、模糊、修改或以其他方式歪曲个人(包括管理人员、董事、员工、成员、经理或代理人)的身份。本人已检查此档案,据本人所知所信,档案真实、正确且完整。在本文件中作虚假陈述是违法的,可能受到罚款、监禁或两者兼施的处罚。

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 any person including officers, directors, employees, members, managers or agents. 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.

签名: SIGNATURE:	印刷体姓名: PRINTED NAME: TITLE:	
联系人姓名: (需解决本档案的相关问题) CONTACT NAME: (To resolve questions with this filing)	费用	
电话号码: (包括区号) HONE NUMBER: (Include area code)	无手续费 No Procesing Fee 使用企业名称搜索程序可在 http://sos.oregon.gov/business 网站上获取免费副本。 Free copies are available at http://sos.oregon.gov/business using the Business Name Search program.	

Information Change (1/20)