Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 [illegible] Phone: (503) 986-2200

Please Type or Print Legibly in Black ir

FILED: APR 4, 2024
OREGON SECRETARY OF STATE

129502092-26105807

REGISTRY NUMBER: 129502092

ENTITY TYPE: ☑ DOMESTIC ○ FOREIGN

In accordance with Oregon Revised Statute 192.410-192.490, the information on this applicatic
We must release this information to all parties upon request and it will be posted on our websit

JAH PROPERTIES, LLC **AAR**

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:
JAH PROPERTIES, LLC

Complete only the sections that you are updating.

2. BUSINESS ACTIVITY

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:
Must be an Oregon Street Address, which is identical to the registered agent's office.

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:
55110 Jack Pine Way
Bend, OR 97707

7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT. The entity has been notified in writing of this change.

8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

9. INDIVIDUAL WITH DIRECT KNOWLEDGE (Names and Addresses)
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation (member or manager of the LLC) or an authorized representative with direct knowledge of the operations and business activities of the corporation or LLC.

10. NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS

Business and Professional Corporations list the name and address of one President and one Secretary (ORS 60.787, ORS 62.455, ORS 554.315).
Nonprofit Corporations list the name and address of one President and one Secretary. Nonprofit Corporations that are Public Benefit list the name and address of one Treasurer (ORS 65.371).
Limited Liability Companies list the names 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.

PRESIDENT OR **OWNER(S) (MEMBERS):** (Names and Addresses)	**SECRETARY** OR **MANAGER(S):** (Names and Addresses)	**TREASURER - NONPROFIT ONLY:** (Name and Address)

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 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.

SIGNATURE:	**PRINTED NAME:**	**TITLE:**
Alex Trauman	Alex Trauman	Authorized Agent

CONTACT NAME: (To resolve questions with this filing)
Alex Trauman

PHONE NUMBER: (Include area code)
503-417-0505

FEES
No Processing Fee
Free copies are available at sos.oregon.gov/business using the Business Name Search program.