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

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

FILED: MAY 21, 2025
OREGON SECRETARY OF STATE

171508790-27752451

REGISTRY NUMBER: 1715087-90

ENTITY TYPE: (X) DOMESTIC ( ) FOREIGN

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

JUSTEMA ENTERPRISES LLC **AAR**

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

Justema Enterprises 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:

Perfect Form LLC

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

7185 SW SANDBURG STREET
SUITE 110 PORTLAND, OR 97223

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

99 Jackson Street, Suite 475
Davidson, NC 28036

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.

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
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.

PRESIDENT OR **OWNER(S) (MEMBERS):** (Names and Addresses)

SECRETARY OR **MANAGER(S):** (Names and Addresses)

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: Paul Formella

PRINTED NAME: Paul Formella

TITLE: Authorized Signer

CONTACT NAME: (To resolve questions with this filing)

Tom Larson

PHONE NUMBER: (Include area code)

8009921983

FEES

No Processing Fee

Free copies are available at sos.oregon.gov/business using the Business Name Search program.