Articles of Conversion - Business Entities

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Sal

FILED: OCT 3, 2025
OREGON SECRETARY OF STATE

141930693-28279554

REGISTRY NUMBER: 1419300-93

KL&PR LLC

CNV

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. Attach Additional Sheet if Necessary.

1. **Name of Business Entity Prior to Conversion:** KL+PR LLC ~~dba NOBLE WAVE~~
2. **Type of Business Entity Prior to Conversion:** RESTAURANT
3. **Name of Business Entity After Conversion:** RAV same as above ~~[redacted] PR LLC dba NOBLE WAVE~~ KL+PR LLC ~~dba NOBLE WAVE~~
4. **Type of Business Entity After Conversion:** RESTAURANT
5. **Will the converted entity have continued existence in Oregon?** Yes ☑ No ☐ If yes, section 8 is required.
6. **If no, where will the jurisdiction be?** _____
7. **Select one of the following:**

RAV ☑ ~~WAIVE~~ A copy of the plan of conversion is attached.

☑ Address where the plan of conversion is on file.

Address 189 LIBERTY ST NE, STE #11C ~~[redacted]~~ RAV

City SALEM State OR Zip Code 97301

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

8. **Provide additional information required for the new entity type. Attach the appropriate articles or application of authority (if the entity will have continued existence in Oregon) for the new business type. Forms can be found at https://sos.oregon.gov/business/Pages/business-registration-forms.aspx (Required)**

9. **Execution:** (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)
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:** RILEY VANNOY **Title:** MANAGER/OWNER

CONTACT NAME: (To resolve questions with this filing)

(225) 444-0441

PHONE NUMBER: (Include area code)

FEES	
Domestic Required Processing Fee	$100
Foreign Required Processing Fee	$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Access a free copy of this form after filing at https://sos.oregon.gov/business/Pages/find.aspx

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. Attach Additional Sheet if Necessary. Fax: (503) 378-4381

REGISTRY NUMBER: 1419306-93

ENTITY TYPE: ◯ DOMESTIC ◉ 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.

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1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

KL+PR LLC ~~dba NORTH WAVE~~

Complete only the sections that you are updating.

2. BUSINESS ACTIVITY

RESTAURANT

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

189 LIBERTY ST NE, STE #112
SALEM, OR 97301

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

~~ROB~~ RILEY VANNOY

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

Must be an Oregon Street Address, which is identical to the registered agent's office.

3961 COUSTEAU DR SE
SALEM, OR 97302

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

189 LIBERTY ST NE
STE #112, SALEM, OR 97301

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.

RILEY VANNOY
3961 COUSTEAU DR SE
SALEM, OR 97302

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)
RILEY VANNOY 3961 COUSTEAU DR SE SALEM, OR 97302		

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: [signature] **PRINTED NAME:** RILEY VANNOY **TITLE:** OWNER/MANAGER

CONTACT NAME: (To resolve questions with this filing)
RILEY VANNOY

PHONE NUMBER: (Include area code)
(225) 444-0441

FEES

No Processing Fee

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