Assumed Business Name - Amendment

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

Complete only the sections that you are up
To review current information, please go to: s

FILED: MAY 20, 2026
OREGON SECRETARY OF STATE

69150887-30809755

REGISTRY NUMBER: 691508-87

PETS ON BROADWAY **AMDREG**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pub
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. **CURRENT BUSINESS NAME:** Pets on Broadway

2. **NEW BUSINESS NAME:** (If changed, $50 fee required)

3. **DESCRIPTION OF BUSINESS:**

4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ○ or **NEW** ◎
Simmons Law, P.C. 16805492

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
2270 NW Aviation Dr, Ste 4, Roseburg, OR 97470

7. **REGISTRANTS/OWNERS:** (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

a. **NEW REGISTRANTS/OWNERS:** Street Address City State Zip

b. **WITHDRAWING REGISTRANTS/OWNERS:**

8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)
Registrant Name Street Address City State Zip

9. **COUNTIES:**

☒ ALL COUNTIES (Statewide)	☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
	☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
	☐ Clackamas	☐ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk	☐ Wasco
	☐ Clatsop	☐ Douglas	☐ Jefferson	☐ Linn	☐ Sherman	☐ Washington
	☐ Columbia	☐ Gilliam	☐ Josephine	☐ Malheur	☐ Tillamook	☐ Wheeler
	☐ Coos	☐ Grant	☐ Klamath	☐ Marion	☐ Umatilla	☐ Yamhill

10. **SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. 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: Derek D. Simmons

Printed Name: Derek D. Simmons (Authorized Representative)

CONTACT NAME: (To resolve questions with this filing)
Marchel Ferreira

PHONE NUMBER: (Include area code)
541-677-7185

FEES

If Changing Business Name $50
No Fee For Other Changes
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.