Change of Registered Agent/Address - Corporations/LLC

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Check the appropriate box below:

☐ CHANGE OF AGENT AND ADDRESS
(Complete only 1, 2, 3, 4, 5, 6)

■ CHANGE OF ADDRESS ONLY
(Complete only 1, 7, 8, 9, 10)

FILED
SEP 23 2013
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 60545184

NOTE: Use this form for Cooperatives or Business Trusts.

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) **ENTITY NAME:** Davidson Benefits Planning, LLC

CHANGE OF REGISTERED AGENT AND OFFICE

2) **THE REGISTERED AGENT HAS BEEN CHANGED TO:**

3) **THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.**

4) **ADDRESS OF THE NEW REGISTERED OFFICE:** (Must be an **Oregon Street Address** which is identical to the registered agent's business office.)

5) **THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.**

6) **EXECUTION:**
By my signature, I declare as an authorized authority, that 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.

(Must be signed by one corporate officer or director for a corporation or a member/manager for a limited liability company.)

Signature:

Printed Name:

Title:

CHANGE OF REGISTERED AGENT'S BUSINESS OFFICE ONLY

7) **NEW ADDRESS OF REGISTERED AGENT:** (The business address of the registered agent has changed to the following Oregon Street Address.)
7632 SW Durham Road Suite 115
Tigard, OR 97224

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

9) **NOTIFICATION:**
■ The entity has been notified in writing of this change.

10) **EXECUTION:**
By my signature, I declare as an authorized authority, that 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.

(Must be signed by the registered agent or a corporate officer or director for a corporation or a member/manager for a limited liability company.)

Signature: Brenda Bassett

Printed Name: Brenda Bassett

Title: VP

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DAVIDSON BENEFITS PLANNING, LLC

60545184-14633714 ACH

FEES

No Processing Fees

Free copies are available at FilingInOregon.com, using the Business Name Search program.