Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200 Fax: (503) 378-4381

FILED
NOV 03 2017
OREGON SECRETARY OF STATE

Complete only the sections that you are updating.
To review current information, please go to: sos.oregon.gov/bizsearch

Print Form
Reset Form

REGISTRY NUMBER: 707689-90

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. **CURRENT BUSINESS NAME:** RE/MAX EQUITY GROUP
2. **NEW BUSINESS NAME:** (If changed, $50 fee required)
3. **DESCRIPTION OF BUSINESS:** REAL ESTATE SALES
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   9790 SW NIMBUS AVE, BEAVERTON, OR 97008
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** (•) or **NEW** ( )
   JEFFREY S. DAVIS
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   PO BOX 25308, PORTLAND, OR 97298
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.
    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.

Signature: Jeffrey S. Davis

Printed Name: Jeffrey S. Davis

CONTACT NAME: (To resolve questions with this filing)
JEFFREY S. DAVIS

PHONE NUMBER: (Include area code)
503-495-3014

RE/MAX EQUITY GROUP
70768990-18441913 AMDREG