Amendment/Withdrawal - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St, NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

Check the appropriate box below:

■ AMENDMENT TO APPLICATION FOR AUTHORITY
(Complete only 1, 2, 3, 9)

☐ WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS
(Complete only 1, 4, 5, 6, 7, 8, 9)

FILED: MAR 27, 2020
OREGON SECRETARY OF STATE

93477199-20960036

ALACRITY NETWORK SOLUTIONS,... **AMDAUT**

REGISTRY NUMBER: 934771-99

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. 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:** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Alacrity Renovation Services, LLC

AMENDMENT TO APPLICATION FOR AUTHORITY ONLY

2) **INITIAL REGISTRATION DATE OF APPLICATION:**

05/02/2013

3) **AMENDMENT:** (The amendment to the application for registration of foreign Limited Liability Company is as follows.)

Name: Alacrity Network Solutions, LLC

WITHDRAWAL OF AUTHORITY ONLY

4) **STATE OR COUNTRY OF ORGANIZATION:**

5) **SURRENDER OF AUTHORITY:**

☐ This foreign limited liability company is not transacting business in Oregon, and surrenders its authority to transact business in Oregon.

6) **REVOCATION OF AGENT'S AUTHORITY:**

☐ This foreign limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in Oregon.

7) **MAILING ADDRESS:** (Address to which the person initiating any proceeding may mail to this corporation a copy of any process served on the Secretary of State.)

8) **NOTIFICATION:**

☐ The foreign Limited Liability Company will notify the Corporation Division, Business Registry of any change in this mailing address for a period of five years from the date of this withdrawal.

9) **EXECUTION:** (At least one member or manager must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. 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:	Title:
Annie Hunt	Annie Hunt	Authorized Person

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

Annie Hunt

PHONE NUMBER: (Include area code.)

800-968-4456

FEES

Required Processing Fee $275

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.