Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200
Fax: (503) 378-4381

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: 164594690

FILED
MAY 27 2020
OREGON SECRETARY OF STATE
For office use only

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.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1. **CURRENT BUSINESS NAME:**

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** ○
   Sherif Assad

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   11575 SW Pacific Hwy PMB 3024, Tigard OR 97223

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
Sherif Assad	384 South Beacon St.	Rockaway Beach	OR	97136

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:

Printed Name: **Sherif Assad**

CONTACT NAME: (To resolve questions with this filing)
Sherif Assad

PHONE NUMBER: (Include area code)
971-226-2282

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.