Corporation/LLC/LLP/LP - Information Change

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.

There is a delay in our processing times. The current processing time is 5 - 7 business days. If the filing is rejected, you will receive an email. This form is for updates to associated names and addresses. This form can't be used to change the business name.

Registry Number
1788540-98

Entity type

Business Type
Limited Liability Company

Name of Limited Liability Company
Blue Cube Wellness

Information Update

FILED
DECEMBER 11 2023
OREGON SECRETARY OF STATE

Change Business Activity?
No

Change Principal Place of Business Address?
No

Change Registered Agent or their address?
Yes

The Registered Agent has been changed to:
Thomas A Schiffer

Registered Agent's publicly available Oregon street address

The new Registered Agent has consented to this appointment.
Yes

The street address of the new registered office and the business address of the registered agent are identical. The entity has been notified in writing of this change.
Yes

Change Mailing Address where we send notices?
No

Change Members or Managers?
Yes

Name(s) and address(es) of LLC Members/Managers

Is this a Member or Manager?
Manager

Name of Member/Manager
Thomas A Schiffer

Address
1440 NW 87th Street, Redmond, Oregon 97756

Is this a Member or Manager?
Manager

Name of Member/Manager

Address

Do you have additional member/manager names and addresses to add? Please list whether the addition is a member/manager in the title field.
No

Change Individual With Direct Knowledge?
Yes

Individual With Direct Knowledge (Names and Addresses)

First Name	Last Name	Address
Thomas	Schiffer	1440 NW 87th Street Redmond OR 97756

EXECUTION: 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

Name
Founder Thomas Schiffer



Contact name (to resolve questions with this filing)
Thomas Schiffer

Phone of person to contact to resolve questions with this filing.
(541) 419-9050