

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Saler Please Type or Print Legibly in Black ink. Atta

REGISTRY NUMBER: 225233097



ENTITY TYPE: ODOMESTIC OFOREIGN		225233097-2639	
	ormation on this application is	REMIX ANTOLITOS Y DANADEDIA	2098 · AAR
n accordance with Oregon Revised Statute 192.410-192.490, the info Ve must release this information to all parties upon request and it will	****		POI OINGO GGO E,
1. NAME OF CORPORATION OR LIMITED LIABILITY	COMPANY:		
_ Gld Kemix Hato	ilitos 4	Pauaden's CLC	·
Complete 2. BUSINESS ACTIVITY	e only the sections t	hat you are updating.	44V 144U 110T10T0
2. BOSINESS ACTIVITY		6. ADDRESS WHERE THE DIVISION N	INAY MAIL NOTICES:
		4572 Silverton	na Ne
3. PRINCIPAL PLACE OF BUSINESS: (Street Address))	Salem OR 1	77205
1555 Monusoth St		7. THE NEW REGISTERED AGENT HAS	S CONSENTED TO THIS
Linderendon 1, Ob 97351		APPOINTMENT. The entity has been a	notified in writing of this change
4. THE REGISTERED AGENT HAS BEEN CHANGED TO		8. THE STREET ADDRESS OF THE NEV	
4. THE REGISTERED AGENT HAS BEEN CHANGED TO	<i>)</i> .	AND THE BUSINESS ADDRESS OF TARE IDENTICAL.	HE REGISTERED AGENT
		9. INDIVIDUAL WITH DIRECT KNOW!	EDGE (Names and Addresses)
REGISTERED AGENT'S PUBLICLY AVAILABLE ADD Must be an Oregon Street Address, which is identical to the	RESS:	List the name and address of at least one individu shareholder of the corporation (member or mana	al who is a director, or controlling
registered agent's office.		representative with direct knowledge of the oper the corporation or LLC.	ations and business activities of
		·	
10. NAME(S) AND ADDRESS(ES)OF CORPORATE OFF	ICERS OR LLC MEMBE	RS/MANAGERS	
Business and Professional Corporations list the name and add	dress of one President and o	one Secretary (ORS 60.787, ORS 62.455, ORS 554	•
Nonprofit Corporations list the name and address of one Pres one Treasurer (ORS 65.371).	ident and one Secretary. N	onprofit Corporations that are Public Benefit list	the name and address of
Limited Liability Companies list the names and addresses of the			and address of at least one
member for a member-managed limited liability company (OR If making changes to this section, list all current name:		· ·	
PRESIDENT OR OWNER(S) (MEMBERS):	SECRETARY OR M	ANAGER(S): TREASURE	R - NONPROFIT ONLY:
(Names and Addresses)	(Names and Addresse:	s) (Name and	Address)
Wilm Loer Owner			
4592 Silverton Rd NE			
Dalera OR 97305			
11. EXECUTION: I declare as an authorized signer, un	der penalty of periury	that this document does not fraudule	ently conceal, obscure.
alter, or otherwise misrepresent the identity of any p			
filing has been examined by me and is, to the best of			ing false statements in
this document is against the law and may be penalize	ed by fines, imprisonn	nent, or both.	
SIGNATURE:	PRINTED	NAME: TITI	.E:
	1 Vilve	orlain (Serac3	
CONTACT NAME: (To resolve questions with this filing)	FE	ES	
Willer Loera Barolas			
PHONE NUMBER: (Include area code)	No H	Processing Fee	
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