Corporation/Limited Liability Company - Information Change Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem. OR 97310-1327 - soc organ Table

Please Type or Print Legibly in Bla

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FILED: JUN 24, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER: 1211480-92

ENTITY TYPE: ODOMESTIC OFOREIGN	121148092-26393849	
n accordance with Oregon Revised Statute 192.410-192.490, the information on this app We must release this information to all parties upon request and it will be posted on our w	AAD	
NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:	el . Or office use Of	nly
ABove All Exteriors L.	LC	
2. BUSINESS ACTIVITY	ions that you are updating. 6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES	S:
3. PRINCIPAL PLACE OF BUSINESS: (Street Address)		
	 THE NEW REGISTERED AGENT HAS CONSENTED TO APPOINTMENT. The entity has been notified in writing of this 	
4. THE REGISTERED AGENT HAS BEEN CHANGED TO:	8. THE STREET ADDRESS OF THE NEW REGISTERED OFF AND THE BUSINESS ADDRESS OF THE REGISTERED A ARE IDENTICAL.	ICE
5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the registered agent's office.	9. INDIVIDUAL WITH DIRECT KNOWLEDGE (Names and Actist the name and address of at least one individual who is a director, or conshareholder of the corporation (member or manager of the LLC) or an authorepresentative with direct knowledge of the operations and business activiting the corporation or LLC.	ntrolling orized
Nonprofit Corporations list the name and address of one President and one Secretary (ORS 65.371). Limited Liability Companies list the names and addresses of the managers for a member for a member-managed limited liability company (ORS 63.787). Please a If making changes to this section, list all current names and addresses. PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses) (Names and Addresses)	manager-managed limited liability company or the name and address of at least littach a separate sheet of paper if needed. This replaces what is currently on the record. OR MANAGER(S): TREASURER - NONPROFIT ONLY (Name and Address)	t one
	E SIC / Fred Cr. (1)	
11. EXECUTION: I declare as an authorized signer, under penalty of alter, or otherwise misrepresent the identity of any person includin filing has been examined by me and is, to the best of my knowledge this document is against the law and may be penalized by fines, important the law and may be penalized by fines.	g officers, directors, employees, members, managers or agents e and belief, true, correct and complete. Making false statemer	. This
SIGNATUBE: PR	INTED NAME: / / TITLE:	
	Villian L Hullaha Dwes /man	199/v
CONTACT NAME: (To resolve questions with this filing)	FEES	
William Hallaham	No Processing Fee	
PHONE NUMBER: (Include area code)	Free copies are available at sos.oregon.gov/business using the Business Name Search pro-	gram.
503-363-1968		