Corporation/Limited Liability Company - Information Change

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

Please Type or Print Legibly in Blac

REGISTRY NUMBER: 707434-80 ENTITY TYPE: MODOMESTIC FOREIGN FILED: JUN 24, 2024 OREGON SECRETARY OF STATE

In accordance with Oregon Revised Statute 192.410-192.490, the inform	ation on this ap	plic ALL IN ONE	70743480-2639 JANITORIAL	93829 AAR		
In accordance with Oregon Revised Statute 192.410-192.490, the inform We must release this information to all parties upon request and it will be 1. NAME OF CORPORATION OR LIMITED LIABILITY CO		wet		—·	ıly	
	JIVIPANT:					
All In One Janitorial Se	<u>Mices</u>	Inc.				
2. BUSINESS ACTIVITY	only the sec	tions that you a		VISION MAY MAIL NOT	ICES.	
		U. ADDI	NESS WHERE THE DI	VISIOIV WAT WATEROT	icls.	
3. PRINCIPAL PLACE OF BUSINESS: (Street Address)						
5. PRINCIPAL PLACE OF BUSINESS: (Street Address)						
-, -				SENT HAS CONSENTED has been notified in writing		
With the second			•	THE NEW REGISTERED		
4. THE REGISTERED AGENT HAS BEEN CHANGED TO:		AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.				
				「KNOWLEDGE (Names ar	nd Addresse	
 REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the registered agent's office. 		List the r	List the name and address of at least one individual who is a director, or controlling shareholder of the corporation (member or manager of the LLC) or an authorized representative with direct knowledge of the operations and business activities of the corporation or LLC.			
		•				
ALAMAS(S) AND ADDRESS/ES) OF CORDONATE OFFICE	555 65 116					
 NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICE Business and Professional Corporations list the name and addre 		•		55. ORS 554.315).		
Nonprofit Corporations list the name and address of one Preside one Treasurer (ORS 65.371).			• •	•	lress of	
Limited Liability Companies list the names and addresses of the				r the name and address of at	least one	
member for a member-managed limited liability company (ORS 6 If making changes to this section, list all current names a	•	•		ecord.		
PRESIDENT OR OWNER(S) (MEMBERS):		RY OR MANAGER(REASURER - NONPROFIT O	ONLY:	
(Names and Addresses)	(Names and	R ((()	(N)	lame and Address)		
7 Dominic Cauthorn	<u> </u>	nose cul) (NOrn	- 063		
19 Jamal Hugun-Strings Springs_	2167 -	Torr Ave. Evi	gene Orogen, 97	740%		
2 Icelly In Jugene, OR 97404	2132 6	Decarmint Ave	Evoyane, Oregu	on 97404		
	-	<u> </u>		****		
11. EXECUTION: I declare as an authorized signer, under alter, or otherwise misrepresent the identity of any pe						
filing has been examined by me and is, to the best of m	ny knowledg	ge and belief, true	, correct and comple			
this document is against the law and may be penalized	by fines, in	prisonment, or be	oth.			
SIGNATURE:	PI	RINTED NAME:		TITLE:		
Xuu Cuun	7	Dominic Co	wthorn_	President	_	
CONTACT NAME /T-	-					
CONTACT NAME: (To resolve questions with this filing)		FEES				
Dominic Couthorn		No Processing Fee	2			

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

PHONE NUMBER: (Include area code)

541-729-8338