



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

Complete only the sections that you ar
To review current information, please go

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



211139290-26394721

CLOCK TOWER PUB

AMDREG

REGISTRY NUMBER: 2111392-90

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application
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: Clock tower pub

2. NEW BUSINESS NAME: (If changed, \$50 fee required)

3. DESCRIPTION OF BUSINESS:

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)

Vance Corcoran

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING or NEW

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

7. REGISTRANTS/OWNERS: (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

a. NEW REGISTRANTS/OWNERS: 221808493
TCT Pub LLC 35816 Chinook Tr. Sandy OR 97055

b. WITHDRAWING REGISTRANTS/OWNERS:
Seaton & Seaton LLC Mathew Seaton

8. CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY: (This section is only for registrant address changes)(Attach separate sheet if needed)

- 9. COUNTIES: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, 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: [Handwritten Signature]

Printed Name: Vance Corcoran on behalf of TCT Pub LLC

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

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.