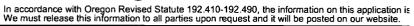


Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200 Please Type or Print Legibly in Black ink.

**REGISTRY NUMBER: 1111846-93** 

ENTITY TYPE: ODOMESTIC OFOREIGN

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:



FILED: OCT 11, 2024 **OREGON SECRETARY OF STATE** 

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

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2. BUSINESS ACTIVITY	plete only the sec	tions that you are updat 6. ADDRESS WHE	ing. RE THE DIVISION MAY MAIL NOTICES:	
		1420 SE	Powell Blvd	
3. PRINCIPAL PLACE OF BUSINESS: (Street Address)		Portland, OR 97202		
1420 SE powell		7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS		
Portland, OR 97202		APPOINTMENT. The entity has been notified in writing of this change 8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE		
4. THE REGISTERED AGENT HAS BEEN CHANGED TO:		AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.		
<ol> <li>REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:         Must be an Oregon Street Address, which is identical to the registered agent's office.     </li> </ol>		List the name and add shareholder of the cor representative with di	9. INDIVIDUAL WITH DIRECT KNOWLEDGE (Names and Addresses 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.	
10. NAME(S) AND ADDRESS(ES)OF CORPORATE	OFFICERS OR LLC	MEMBERS/MANAGERS		
Business and Professional Corporations list the name a Nonprofit Corporations list the name and address of on one Treasurer (ORS 65.371).  Limited Liability Companies list the names and address member for a member-managed limited liability compa If making changes to this section, list all current of PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)  Guy Berliner	e President and one Sec es of the managers for a ny (ORS 63.787). Please names and addresse:	cretary. Nonprofit Corporations the manager-managed limited liability attach a separate sheet of paper s. This replaces what is current RY OR MANAGER(S): Addresses)	at are Public Benefit list the name and address of ty company or the name and address of at least one if needed.	
3614 SE 11th Ave	1420 SE Center		3501 SE 14th Ave	
Portland, OR 97202	Portland, OR 97202		Portland, OR 97202	
11. EXECUTION: I declare as an authorized signer alter, or otherwise misrepresent the identity of filing has been examined by me and is, to the bethis document is against the law and may be persistent.	any person includi est of my knowledgenalized by fines, im	ng officers, directors, empl ge and belief, true, correct a	oyees, members, managers or agents. This	
CONTAGE NAME: (To resolve questions with this filing)	· · · · · · · · · · · · · · · · · · ·	FEES		
Juny & Minn	· -	No Processing Fee		
PHONE NUMBER: (Include area code)		No i locessing i ee		

Information Change (09/23)

503-941-0101