



Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone (503) 985-2200 Fax (503) 378-4391

Complete only the sections that you are updating.

REGISTRY NUMBER: 866320-99

ENTITY TYPE:  DOMESTIC  FOREIGN

FILED

AUG 11 2015

For office use only

In accordance with Oregon Revised Statute 182.410-182.480, the information on this application is public record. 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.

OREGON SECRETARY OF STATE

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

Portland Aquarium, LLC

2. PRINCIPAL PLACE OF BUSINESS: (Street Address)

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

3. THE REGISTERED AGENT HAS BEEN CHANGED TO:

Peter Covino

6. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the registered agent's office.

16323 SE McLoughlin Blvd

Milwaukie OR 97267

7. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

The entity has been notified in writing of this change.

NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS

Corporations list the name and address of the President and Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315). Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787).

8. PRESIDENT OR OWNER(S) (MEMBERS): (Names and Street address)

9. SECRETARY OR MANAGER(S): (Names and Street address)

Crystal Covino 2832 Grimes Ranch Rd

Austin TX 78732

Shane Shimada 608 Puenta Del Rey St

Las Vegas NV 89138

David Rowe 316 E 59th St, New York NY 10022

10. EXECUTION: By my signature, I declare as an authorized signer, that 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:

PRINTED NAME:

Crystal Covino

TITLE: owner

CONTACT NAME: (To resolve questions with this filing)

Shannan Lawrence

PHONE NUMBER: (Include area code)

2089546643

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PORTLAND AQUARIUM LLC



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Information Change (01/15)