

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinglnOregon.com - Phone: (503) 986-2200

| Complete only the sections that you are updating. | |
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REGISTRY NUMBER: 908828-96

ENTITY TYPE: ODOMESTIC OFOREIGN

5417762161

NOV 17 2015

In accordance with Oregon Revised Statute 192.410-192.490, 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

OREGON SECRETARY OF STATE

For office use only

Please Type or Print Legibly in Black ink. Attach Additional Sheet if Necessary.

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

Ivanko Gardens LLC

| 2. | PRINCIPA | AL PL | ACE OF BUSII | NESS: (Stree | t Address) |
|----|----------|-------|--------------|------------------|------------|
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2379 Bell Court Office, Medford, OR 97504

3. THE REGISTERED AGENT HAS BEEN CHANGED TO:

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

2379 Bell Court Office, Medford, OR 97504

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES: 2379 Bell Court Office, Medford, OR 97504

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

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 OV | VNER(S) (MEMBERS): (Names and Street address) | |
|----|-----------------|---|--|
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2379 Bell Court Office, Medford, OR 97504

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

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:

Vinka Rendic

TITLE:

Owner

CONTACT NAME: (To resolve questions with this filing)

Vinka Rendic

PHONE NUMBER: (Include area code)

541-734**-**7193

TVANKO GARDENS LLC

