



# 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) 986-2200 Fax: (503) 378-4381

Complete only the sections that you are updating.

**FILED**

**DEC 11 2015**

**OREGON**

**SECRETARY OF STATE**

REGISTRY NUMBER: 1015682-93

ENTITY TYPE: ☐ DOMESTIC ☒ FOREIGN

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.

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

**1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:**

ECLIPSE CASCADE RE ASPEN RET, LLC

**2. PRINCIPAL PLACE OF BUSINESS: (Street Address)**

**5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

**3. THE REGISTERED AGENT HAS BEEN CHANGED TO:**

Corporation Service Company

**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.

1127 Broadway Street NE, Suite 310, Salem, OR 97301

**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)**

**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:

Dona Priebe

TITLE:

Attorney in Fact

**CONTACT NAME:** (To resolve questions with this filing)

Elizabeth Dawson

**PHONE NUMBER:** (Include area code)

(800) 927-9800 ext. 63191

ECLIPSE CASCADE RE ASPEN RET, L



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