



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
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary. Fax: (503) 378-4381

REGISTRY NUMBER: 942363-96

ENTITY TYPE: [X] 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.

FILED

MAR 09 2017

For office use only
OREGON
SECRETARY OF STATE

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

CARROLL AUTO TRANSPORT LLC

Complete only the sections that you are updating.

2. BUSINESS ACTIVITY

Trucking

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

PO Box 522

Hermiston, OR 97838

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

405 N 1st St Suite 105

Hermiston, OR 97838

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

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

Christopher Carroll

8. 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.

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

405 N 1st St Suite 105

Hermiston, OR 97838

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). List all current names and addresses. This replaces what is currently on the record.

9. PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)

Christopher Carroll, Member

405 N 1st St Suite 105

Hermiston, OR 97838

10. SECRETARY OR MANAGER(S): (Names and Addresses)

11. 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:

[Handwritten Signature]

PRINTED NAME:

Lindsey Meserve

TITLE:

Authorized Rep

CONTACT NAME: (To resolve questions with this filing)

Lindsey Meserve

PHONE NUMBER: (Include area code)

503-607-1088

Barcode area containing: CARROLL AUTO TRANSPORT LLC, 94236396-17786665, AAR