

Corporation/Limited Liability Company - Information Change

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. Attach Additional Sheet in Lec

REGISTRY NUMBER: 1202916-95

ENTITY TYPE:

DOMESTIC
FOREIGN

JUL 12 2018

120291695-19187886

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In accordance with Oregon Revised Statute 192.410-192.490, the information on We must release this information to all parties upon request and it will be posted	this application is public record. SECRET	REGON ARY OF STATE For office use only
1. NAME OF CORPORATION OR LIMITED LIABILITY COMPAN	√Y:	
Harmony Tree Mana		
2. BUSINESS ACTIVITY Complete only the	ne sections that you are updatin 6. ADDRESS WHER	g. E THE DIVISION MAY MAIL NOTICES:
3. PRINCIPAL PLACE OF BUSINESS: (Street Address)	7. THE NEW REGIST APPOINTMENT.	ERED AGENT HAS CONSENTED TO THIS
		RESS OF THE NEW REGISTERED OFFICE SS ADDRESS OF THE REGISTERED AGENT
4. THE REGISTERED AGENT HAS BEEN CHANGED TO:		been notified in writing of this change. H DIRECT KNOWLEDGE (Names and Addresses)
 REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the registered agent's office. 	List the name and address shareholder of the corpo	ss of at least one individual who is a director, or controlling tration (member or manager of the LLC) or an authorized at knowledge of the operations and business activities of
696 Country Club Road		
Eugene, OR 97401		·
Limited Liability Companies list the name and addresses of at least one member for a member-managed limited life making changes to this section, list all current not president OR OWNER(S) (MEMBERS): (Names and Addresses	ability company (ORS 63.787). Please attac ames and addresses. This replaces wh	h a separate sheet of paper if needed.
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11. EXECUTION: I declare as an authorized signer, under pena alter, or otherwise misrepresent the identity of any person in filing has been examined by me and is, to the best of my known this document is against the law and may be penalized by fine	cluding officers, directors, employ wledge and belief, true, correct an	ees, members, managers or agents. This
SIGNATURE:	PRINTED NAME:	TITLE:
(JWBanh	Allen E. Gardner	Registered Agent
CONTACT NAME: (To resolve questions with this filing)	HARMONY T	REE MANOR, LLC
Allen E. Gardner		
PHONE NUMBER: (Include area code) 541-687-9001		im.