



Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 181 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200 Fax: (503) 378-4381

Complete only the sections that you are updating. To review current information, please go to: sos.oregon.gov/bizsearch

FILED

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REGISTRY NUMBER: 104855-97

According to Oregon Revised Statute 162.410-162.490, 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. CURRENT BUSINESS NAME: GUATE-MEX

2. NEW BUSINESS NAME: (If changed, \$50 fee required) GUATE-MEX

3. DESCRIPTION OF BUSINESS: Grocery Store

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip) 4680 SW WATSON AVE BEAVERTON OR 97005

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING (X) or NEW () Antonio Sanchez

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE: 4680 SW WATSON AVE BEAVERTON OR 97005

7. REGISTRANTS/OWNERS: (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

a. NEW REGISTRANTS/OWNERS:	Street Address	City	State	Zip
Sanchez-Mendez INC	4680 SW WATSON AVE	BEAVERTON	OR	97005

b. WITHDRAWING REGISTRANTS/OWNERS:

8. CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY: (This section is only for registrant address changes)(Attach separate sheet if needed)

9. COUNTIES:
- | | | | | | |
|--|------------------------------------|-------------------------------------|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Crook | <input type="checkbox"/> Harney | <input type="checkbox"/> Lake | <input checked="" type="checkbox"/> Morrow | <input type="checkbox"/> Union |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Curry | <input type="checkbox"/> Hood River | <input type="checkbox"/> Lane | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Wallowa |
| <input checked="" type="checkbox"/> ALL COUNTIES (Statewide) | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Polk | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Douglas | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Linn | <input type="checkbox"/> Sherman | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Josephine | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Grant | <input type="checkbox"/> Klamath | <input type="checkbox"/> Marion | <input type="checkbox"/> Umatilla | <input type="checkbox"/> Yamhill |

10. SIGNATURE(S): New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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: Antonio Sanchez

Printed Name: Antonio Sanchez

CONTACT NAME: (To resolve questions with this filing) Antonio Sanchez

PHONE NUMBER: (Include area code) 503 969 2804

GUATE-MEX



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Division* search program.