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 if Necessary. Fax: (503) 378-4381

REGISTRY NUMBER: 1411243-96

ENTITY TYPE: ◉ DOMESTIC ○ FOREIGN

FILED
OCT 10 2019
OREGON
SECRETARY OF STATE

For office use only

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.

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:
Flawless Fractions LLC

Complete only the sections that you are updating.

2. BUSINESS ACTIVITY

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

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

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

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

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.

9. INDIVIDUAL WITH DIRECT KNOWLEDGE (Names and Addresses)
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation, or member or manager of the LLC, or another representative with direct knowledge of the corporation's or LLC's operations.

10. NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS
Corporations list the name and address of one President and one Secretary (ORS 60.787, ORS 60.787, ORS 60.655, ORS 65.787).
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). Please attach a separate sheet of paper if needed.
If making changes to this section, list all current names and addresses. This replaces what is currently on the record.

PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)
Oral Alfred Wallace III
31623 Bell Plain Drive Shedd, OR 97377
Alexandra Catherine Sugarman-Wallace
31623 Bell Plain Drive Shedd, OR 97377

SECRETARY OR MANAGER(S): (Names and Addresses)
Manager
Oral Alfred Wallace III
31623 Bell Plain Drive Shedd, OR 97377

11. EXECUTION: 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: [signature]
PRINTED NAME: Alexandra Sugarman-Wallace
TITLE: Member

CONTACT NAME: (To resolve questions with this filing)
Alexandra Sugarman-Wallace

PHONE NUMBER: (Include area code)
(503) 891-0986

FEES
No Fee

FLAWLESS FRACTIONS LLC
141124396-20453791 AAR