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 (503) 378-4381

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

REGISTRY NUMBER: \699599

ENTITY TYPE: ODMESTIC FOREIGN

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Resel Form

For office use only

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY: Wall of Mons Complete only the sections that you are updating. 2. BUSINESS ACTIVITY 6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES: 7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS 3. PRINCIPAL PLACE OF BUSINESS: (Street Address) APPOINTMENT. 8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL. 4. THE REGISTERED AGENT HAS BEEN CHANGED TO: 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 (member or manager of the LLC) or an authorized 5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: representative with direct knowledge of the operations and business activities of Must be an Oregon Street Address, which is identical to the registered agent's office. the corporation or LLC. 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 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). 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) REMOVE/RESIGNED: JACLYN PRITHARD HIUSBORD, OR 9700LD 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: PRINTED NAME: JACLYN PRITHARD

FEES

No Processing Fee

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

ONTACT NAME: (To resolve questions with this filing)

JACLYN PRITCHARD