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

REGISTRY NUMBER: 1907949-91

Information Change 12/17)

ENTITY TYPE: ○ DOMESTIC Ø FOREIGN

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is i We must release this information to all parties upon request and it will be posted on our website.



NVE INC., A CORPORATION OF...

AAR

NVE Inc., a Corporation of California		NVE	Inc	a Cor	poration	of	California
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	TAVE Inc., a Corporation of Camornia						
2.	Complete only the sections that you are updating. USINESS ACTIVITY 6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:						
		8605 Santa Monica Blvd., PMB 62998					
		West Hollywood, CA 90069-4109					
3.	PRINCIPAL PLACE OF BUSINESS: (Street Address)	7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.					
	912 N La Cienaga Blvd., Second Floor	8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE					
	Los Angeles, CA 90069	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.					
5.	REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the registered agent's office.	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 representative with direct knowledge of the operations and business activities of the corporation or LLC.					
		Brett Hyman					
		8605 Santa Monica Blvd., PMB 62998					
•		West Hollywood, CA 90069-4109					
	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) SECRETARY OR MANAGER(S): (Names and Addresses) Brett Hyman						
	8605 Santa Monica Blvd., PMB 62998						
	West Hollywood, CA 90069-4109	8605 Santa Monica Blvd., PMB 62998					
	West Hollywood, CA 90069-4109	West Hollywood, CA 90069-4109					
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.							
SIC	GNATURE: PRII	NTED NAME: TITLE:					
		Erika Easter Authorized Person					
	CONTACT NAME: (To resolve questions with this filing) FEES						
	Erika Easter						
•	PHONE NUMBER: (Include area code)	No Processing Fee Free copies are available at sos.oregon.gov/business using the Business Name Search program.					
	(310) 820-1000	The copies are aranouse at sostoregoing or business using the business realize search program.					