



FILED  
AUGUST 17 2022  
OREGON SECRETARY OF STATE

## Corporation/Limited Liability Company - Information Change

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.

**Documents are processed within 5-7 business days. If the filing is rejected, you will receive an email.**

**Registry Number**  
1865214-99

**Entity type**  
Foreign

**Business Type**  
Corporation (Business, Professional, Nonprofit)

**Name of Corporation (Business, Professional, Nonprofit)**  
INNOVAS, INC., A CORPORATION OF DELAWARE

## Information Update

**Business Activity**  
No

---

**Principal Place of Business Address**  
Yes

**Principal Place of Business (street address)**  
9450 SW Gemini Drive #83246, Beaverton, Oregon 97008

---

**Registered Agent Name or Address**  
Yes

**The Registered Agent has been changed to:**  
Cogency Global Inc.

**Registered Agent's publicly available Oregon street address**

698 12th Street SE, Suite 200, Salem, Oregon 97301

**The new Registered Agent has consented to this appointment.**

Yes

**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.**

Yes

---

**Mailing Address where we send notices**

Yes

**Address where we can send mail notices:**

9450 SW Gemini Drive #83246, Beaverton, Oregon 97008

---

**President and Secretary**

Yes

**Name(s) and address(es) of corporate officers.**

**Name of President**

Timothy H Greeff

**Address**

9450 SW Gemini Drive #83246, Beaverton, Oregon  
97008

**Name of Secretary**

Timothy H Greeff

**Address**

9450 SW Gemini Drive #83246, Beaverton, Oregon  
97008

---

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**

**Name**

CEO Timothy Greeff

*Timothy H Greff*

**Contact name (to resolve questions with this filing)**

Tim Mayville

**Phone of person to contact to resolve questions with this filing.**

(518) 213-0851