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Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR Please Type or Print Legibly in Black ink. Attach Ad

REGISTRY NUMBER: 1760663-98

FILED: FEB 16, 2024 **OREGON SECRETARY OF STATE**

ENTITY TYPE: (D) DOMESTIC () FOREIGN			176066398-25906494	
n accordance with Oregon Revised Statute 192.410-192.490, the info Ve must release this information to all parties upon request and it will	rmation on this appli	cation is public rei	BUILDERS LLC	AAF
1. NAME OF CORPORATION OR LIMITED LIABILITY			10101	ce use orny
Skyline Builders LLC				
2. BUSINESS ACTIVITY	e only the sect	ions that you are updatin 6. ADDRESS WHER	g. E THE DIVISION MAY MAIL N	IOTICES:
3. PRINCIPAL PLACE OF BUSINESS: (Street Address) 3519 Fairview Industrial Drive SE	·	7. THE NEW REGIST	ERED AGENT HAS CONSENT	FD TO THIS
Salem OR 97301			The entity has been notified in writ	· - · · · · · · · · ·
4. THE REGISTERED AGENT HAS BEEN CHANGED TO);		ESS OF THE NEW REGISTERED OFFICE IS ADDRESS OF THE REGISTERED AGENT	
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.		
Business and Professional Corporations list the name and add Nonprofit Corporations list the name and address of one Pres one Treasurer (ORS 65.371). Limited Liability Companies list the names and addresses of ti member for a member-managed limited liability company (OF If making changes to this section, list all current name	ident and one Secre he managers for a n RS 63.787). Please at	etary. Nonprofit Corporations that nanager-managed limited liability ttach a separate sheet of paper if i	are Public Benefit list the name and company or the name and address on the name and address on the deduction and address on the company or the name and address on the company or the name and address of the name and the	
PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses) MARC Gallegos 6057 Hollow Stump LN SE, Sal	(Names and A	•	TREASURER - NONPROI (Name and Address)	IT ONLY:
LANDON HATTAN 1280 FIR Street South, Salumon	2 <u>9730Z</u>			
11. EXECUTION: I declare as an authorized signer, un alter, or otherwise misrepresent the identity of any filing has been examined by me and is, to the best of this document is against the law and may be penalize	person including f my knowledge	g officers, directors, employ and belief, true, correct an	ees, members, managers or	agents. This
SIGNATURE)		nted NAME: luren Langston	TITLE: Constru ADMia	iction
CONTACT NAME: (To resolve questions with this filing)		FEES		1
Lauren Langston				

Information Change (09/23)

503-716-7148

PHONE NUMBER: (Include area code)