

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000207753)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTHERN CASCADES FINANCE CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 6

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F	19000004303	•			
	(Doci	ument number of corpo	ration (if known)		
Southern Cascades Finance Corporat	ion				
(Name	of corporation	n as it appears on the re-	cords of the Departi	ment of State)	
Oregon		3.	09/11/2019		
(Incorporated un	der laws of)		(Date authori	zed to do busir	ess in Florida)
	(4-7 COMPL	SECTION I ETE ONLY THE AP		(GES)	
. If the amendment changes the name incorporation? 12/31/2020	of the corpora	tion, when was the char	nge effected under t	he laws of its ju	urisdiction of
Driveway Finance Corporation					
(Name of corporation after the amen not contained in new name of the co	dment, adding morntion)	g suffix "corporation," '	'company," or "inco	rporated," or a	ppropriate abbreviation
(If new name is unavailable in Florid	a, enter alterna	ate corporate name ado	pted for the purpose	of transacting	business in Florida)
5. If the amendment changes the p	cried of durati	ion, indicate new period	d of duration.		
?	N/A				
-		(New duratio	n)		
7. If the amendment changes the ju	urisdiction of i	incorporation, indicate	new jurisdiction.		·
	N/A				٠
		(New jurisdicti	ion)		
. If amending the registered agent a new registered agent and/or the no	w registered		lorida, enter the n	ame of the	
Name of New Registered Agent	N/A	·			
		(Fiorida street add)	ress)		 .
New Registered Office Address:	N/A			, Florida	
,		(City)		(2	ip Code)
New Registered Agent's Signature I hereby accept the appointment as r	e: If changing vgistered agei	Registered Agent: nt. I am familiar with	and accept the oblig	gations of the p	osition.
Signature of New 1	Revistered Ag	ent if changing			

From: Kimberly Laughrey

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change;

Page: 4 of 6

Title/ Capacity	<u>Name</u>	Address	Type of Action
President, Director, and Branch Man Manager	Charles Douglas Lietz	311 NW 12th Avenue, Unit 702, Portland, 9720	OR 9 ×Add
			[Remove
Treasurer and Director	Edward Charles Impert	2470 Greenridge Drive, Medford, Oregon	97: 97504 Add
			L*Remove
Chief Financial Officer Treasurer and Director	Amanda O'Callahan	8112 E. Antelope Road Eagle Point, OR	975: 97524 ž Add
			L.Remove
Secretary and			·
Director	Alexander Allen	1107 SE N Street Grants Pass, OR 97526	X]Add
			20. 20.
			Liemove C
American State Sta			(Akl)
10. Attached is a of the application of the applications of the laws	certificate or document of similar import, e ion to the Department of State, by the Secret of which it is incorporated.	videncing the amendment, authenticated not ary of State or other official having custody o	more than 90 days of for to delivery componente records in the jurisdiction
	(Signature of a direct a receiver or other of	tor, president or other officer - if in the hands ourl appointed fiduciary, by that tiduciary)	of
Alexander A		Secretary and Direct	Or
	(Typed or printed name of person signing)	(Title of person	on signing)

FILING FEE 835.00

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certified Copy 365X590R1

1, BEV CLARNO, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached

Copy of the

Articles of

Amendment

for

DRIVEWAY FINANCE CORPORATION

is a true copy of the original document(s).



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BEV CLARNO, SECRETARY OF STATE

12/21/2020

19/92/2923_13:16.__5935841879______ARDE! _____FILED: OCT 6, 20%0 ______
OREGON SECRETARY OF STATE

88017497-21490755

DRIVEWAY FINANCE CORPORATION AMID

AMDART

ARTICLES OF AMENDMENT OF SOUTHERN CASCADES FINANCE CORPORATION

Registry No.; 880174-97

Page: 6 of 6

- 1. Entity Name: "Southern Cascades Finance Corporation" the ("Corporation").
- 2. Amendment: The Articles of Incorporation of the Corporation are hereby amended by deleting Article I in its entirety and intenting the following in lieu thereof:

"NAME

The name of the corporation is 'Driveway Finance Corporation' (the 'Corporation')

- 3. Adoption Date: This document was adopted on September 2, 2020
- 4. Shareholder Action: Shareholder action was required to adopt the amendment set forth herein, and the vote was as follows:

Class of Shares	Number of Shares 2 Outstanding A 11 2	Number of Votes // Number of Entitled to be Cast Votas Cast FO	Number of Voles R Cast AGAINST
Common Stock	1,000	MT 1,000: 17 1A. 61,000	101

Principle Place of Business: The principal place of business of the Corporation is: 326 N. Bartlett Street, Medford, Oregon 97501.

- 6. Individual with Direct Knowledge: The following director of the Corporation has direct knowledge of the operations and business activities of the Corporation: Amanda O'Callahan 326 N. Battlett Street, Medford, Oregon 97501.
- 7. Effective Date: This document shall be effective on December 31, 2020.
- 8. Execution: I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conocal, fraudulently obscure, fraudulently after or otherwise misropresent the identity of the person or any offices, directors, employees or agents of the Corporation. 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 penaltzed by fines, imprisonment, or

Name: Alex Allen Title: Secretary

Contact Nume: Ryan Pollard Phone Number: (202) 349-8072