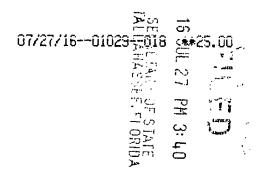
## M16 00000 4834

(Re	questor's Name)			
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J. HARRIS

## **COVER LETTER**

TO: Registration Section . Division of Corporations	
SUBJECT: Chyp, LLC	
Name of Foreign Limited I	Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
Steven Lemma	
Name of Person	<del></del>
Chyp, LLC	
Firm/Company	
7724 SE Aspen Summit Drive	
Address	
Portland, OR 97266	
City/State and Zip Code	
sl@gochyp.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call	
Greg Smith at (503)	3 <sub></sub> 937-1821
	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	Eiling Foo & Storing Foo
<del>-</del>	Filing Fee & S60 Filing Fee, tified Copy Certificate of Status & Certified Copy
CD2F066 (OUE)	1.4

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it app	pears on the records of the Florida Depart	rtment of
State: Chyp, LLC		
Enter new principal office address, if applicabl	e:	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address		TECHE AT THE AT
MAY BE A POST OFFICE BOX)		15 m
2. The Florida document number of this limited	d liability company is: M16000004	1834 PATE 6
3. Jurisdiction of its organization: Oregon		
4. Date authorized to do business in Florida:	June 15, 2016	
SECTION II (5-9 complete only the applical	ble changes)	
5. New name of the limited liability company: (1	nust contain "Limited Liability Compar	ny, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name ador copy of the written consent of the managers or must contain "Limited Liability Company," "L	managing members adopting the alterna	ness in Florida and attach a atte name. The alternate name
6. If amending the registered agent and/or registered agent and/or the new registered office		ter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida Str	eet Address
	City ,	Florida Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registered at the provisions of all statutes relative to the projud and accept the obligations of my position as redocument is being filed to merely reflect a charliability company has been notified in writing of	Registered Agent: agent and agree to act in this capacity. per and complete performance of my du gistered agent as provided for in Chapt nge in the registered office address, I he	I further agree to comply with ties, and I am familiar with er 605, F.S. Or, if this

	ment changes person, the or capacity in	accordance with 605.0902 (1)(e), indicate the	u change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
CFO	Greg Smith	7724 SE Aspen Summit Drive, Portland, OR 9	7266 Add
		······································	Remov
resident	Mychol Robirds	7724 SE Aspen Summit Drive, Portland, OR 9	.7266 
			Remov
			Add
			Remov
			Add
		<u> </u>	Remove
			Add  Remov
Attached is a aforemention jurisdiction	a certificate, if required: no more than 90 ned amendment(s), duly authenticated bunder the law of which this entity is organized.	y the official having custody of records in the	27 PM 3: 39

Filing Fee: \$25.00