



登记号  
REGISTRY NUMBER:

\_\_\_\_\_

实体类型  
ENTITY TYPE:

国内  
DOMESTIC

国外  
FOREIGN

根据俄勒冈州修订法规第 192.410-192.490 款，本申请表所载信息属于公共记录。我们必须根据要求向各方发布此信息，并将其公布在我们的网站上。

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.

仅供办公使用  
For office use only

请用黑色墨水清楚地打印或书写。如有需要，另加纸张。  
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. 有限合伙公司名称  
NAME OF LIMITED PARTNERSHIP:

\_\_\_\_\_

2. 记录办事处地址：（街道地址）  
RECORDS OFFICE ADDRESS: (Street Address)

\_\_\_\_\_

5. 可供部门邮寄通知的地址  
ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

\_\_\_\_\_

3. 注册代理人已变更为  
THE REGISTERED AGENT HAS BEEN CHANGED TO:

\_\_\_\_\_

4. 注册代理人的公开可用地址  
REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

必须为俄勒冈州街道地址，与注册代理人的办公室是同一地址。  
Must be an Oregon Street Address, which is identical to the registered agent's office.

\_\_\_\_\_

6. 新注册代理人已同意此项任命。  
THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

\_\_\_\_\_

7. 新注册办公室的街道地址与注册代理人的办公地址相同  
已经以书面形式通知该实体此项变更  
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.

\_\_\_\_\_

只可使用此表格更改普通合伙人地址

（接纳新的普通合伙人或撤销普通合伙人必须作为修正或重申进行提交。）

ONLY GENERAL PARTNER ADDRESSES MAY BE CHANGED WITH THIS FORM.  
(THE ADMISSION OF A NEW GENERAL PARTNER OR THE WITHDRAWAL OF A GENERAL PARTNER MUST BE SUBMITTED AS AN AMENDMENT OR RESTATEMENT.)

8. 普通合伙人地址变更：（姓名和新地址）  
GENERAL PARTNERS ADDRESS CHANGE: (Name and New Address)

\_\_\_\_\_

（姓名和新地址）  
(Name and New Address)

\_\_\_\_\_

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9. **执行:** 本人以授权签署人身份声明, 根据作伪受罚的规定, 本文件不会以欺诈方式隐瞒、模糊、修改或以其他方式歪曲任何个人 (包括管理人员、董事、员工、成员、经理或代理人) 的身份。本人已检查此档案, 据本人所知所信, 档案真实、正确且完整。在本文件中作虚假陈述是违法的, 可能受到罚款、监禁或两者兼施的处罚。

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.

**签名**

SIGNATURE:

**印刷体姓名**

PRINTED NAME:

**职衔**

TITLE:

**联系人姓名:** (需解决本档案的相关问题)

CONTACT NAME: (To resolve questions with this filing)

**电话号码:** (包括区号)

PHONE NUMBER: (Include area code)

Limited Partnership - Information Change (1/20)

**费用**

FEEES

无手续费  
No Processing Fee

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