Oregon Department of Consumer & Busine Division of Financial Regulation 350 Winter St. NE, Rm. 410, Salem, Oregon 9 Mailing address: P.O. Box 14480, Salem, OR (503) 378-4140 • Fax: (503) 947-7862 • TTY: www.oregondfcs.org	97301-3881 97309-0405	SCONSUMER AND BIOMER AND BIOMERS GENUCES
CHANGE OF CREDIT UNIO	N REGISTERED OFF	ICE AND/OR AGENT
I,, chairman/president of		Credit Union,
a corporation organized under the laws of Of the board of directors, duly adopted, the addres	ss of the registered office in Or	, do certify that pursuant to a resolution egon has been changed to
		and the registered agent, whose business
address is identical with such registered office, has	s been changed to (name of ne	wly appointed registered agent):
The undersigned corporation executed this certific board of directors and attested to by his or her sign		n or president or vice president of the
Na	ame of corporation:	
By	y:	
State of		
County ofss.		
I,	a notary public, do here	eby certify that on theday of
, 20, personally appeared		
who declared himself or herself to be		of the corporation executing
this document, and being first duly sworn, he or sh declared that the statements therein are true.	ne acknowledges signing the fo	pregoing document in that capacity and

Witnessed by:	
Notary public for:	

Seal

My commission expires:

Instructions:

Must be executed by the chairman or president or a vice president of the board of directors. Registered office MUST be street address and not a post office box. Form must be signed by a notary public and have notary's seal affixed. Use this form only to change the registered agent and/or registered office. Return this application to the Credit Union Program, Division of Financial Regulation, at the address above.

