The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

[Signature]

Authorized Person(s) Detail:

Title  | CEO
Name    | WEEK, JOANNA C
Address | PO BOX 656
City-State-Zip:  | ILWACO WA 98624

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOANNA WEEKS  
CEO  
04/24/2019