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:  

Electronic Signature of Registered Agent       Date

Authorized Person(s) Detail:

Title   CEO
Name   WEEK, JOANNA C
Address  PO BOX 1465
City-State-Zip:  COUPEVILLE WA 98239

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  06/19/2020

Electronic Signature of Signing Authorized Person(s) Detail       Date