



Amendment to Annual Report/Information Statement - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

FILED

AUG 23 2013

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 448821-99

ENTITY TYPE: [X] DOMESTIC [] FOREIGN

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.

For office use only

Please Type or Print Legibly in Black Ink.

1) NAME OF ENTITY: Sleaddventures LLC

2) PRINCIPAL PLACE OF BUSINESS: (Street Address)

903 NW F Street, Suite E

Grants Pass, OR 97526

3) ADDRESS FOR MAILING NOTICES:

903 NW F Street, Suite E

Grants Pass, OR 97526

4) THE REGISTERED AGENT HAS BEEN CHANGED TO:

Nathan Sleadd

5) THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

6) ADDRESS OF THE NEW REGISTERED OFFICE: (Must be an Oregon Street Address which is identical to the registered agent's business office.

1385 Willow Lane

Grants Pass, OR 97527

7) 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.

MEMBERS AND/OR MANAGERS

8) MEMBERS: (Name and street address)

Nathan Sleadd

1385 Willow Lane

Grants Pass, OR 97527

9) MANAGERS: (Name and street address)

Blank lines for manager information

10) EXECUTION: (Must be signed by at least one member or manager.)

By my signature, I declare as an authorized authority, that 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.

Signature:

Nathan Sleadd

Printed Name:

Nathan Sleadd

Title:

President

Date:

8/19/2013

CONTACT NAME: (Corporate name)

SLEADDVENTURES LLC



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Company (03/12)