



Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200 Fax: (503) 378-4381 Please Type or Print Legibly in Black ink. Attach Additional Sheet if Necessary.

REGISTRY NUMBER: 668345-82

ENTITY TYPE: DOMESTIC FOREIGN

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application must be released to all parties upon request and it will be posted on our website.

FILED: JUN 2, 2020 OREGON SECRETARY OF STATE



66834582-21145658

GOWRIE GROUP, INC.

AAR

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

GOWRIE GROUP INC

Complete only the sections that you are updating.

2. BUSINESS ACTIVITY

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

Paracorp Incorporated

8. 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.

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the registered agent's office.

8130 SW Beaverton Hillsdale Hwy

Portland, OR 97225

NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS

Corporations list the name and address of the President and Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315). Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787).

9. PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)

10. SECRETARY OR MANAGER(S): (Names and Addresses)

11. EXECUTION: By my signature, I declare as an authorized signer, 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:

[Handwritten Signature]

PRINTED NAME:

Natalie Logan

TITLE:

Secretary

CONTACT NAME: (To resolve questions with this filing)

Destiny Birks / Paracorp Incorporated

PHONE NUMBER: (Include area code)

800-533-7272 ext 6264

FEES

No Processing Fee

Free copies are available at FilingInOregon.com using the Business Name Search program.