that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERRANCE AND BONNIE SHAW

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 200 WHISPERING PINES WAY DAVENPORT, FL 33837 US

FEI Number: 46-2866998

Name and Address of Current Registered Agent:

SHAW, TERRANCE 210 KERSEY STREET DAVENPORT, FL 33897 US

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:

Authorized Person(s) Detail : Title MGRM Title MGR SHAW, BONNIE S Name Name SHAW, TERRANCE 200 WHISPERING PINES WAY Address Address City-State-Zip: DAVENPORT FL 33837 City-State-Zip:

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

OWNER

Electronic Signature of Registered Agent

200 WHISPERING PINES WAY DAVENPORT FL 33837

Certificate of Status Desired: No

FILED Jan 15, 2021 Secretary of State 0458004345CC

Date

01/15/2021

Date

DOCUMENT# L13000076119

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: VAPIN CRAZY E-CIGS & JUICES, LLC

Current Principal Place of Business:

210 KERSEY STREET DAVENPORT, FL 33897