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

SIGNATURE: MORGAN C. LEVERETT Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000198311

Entity Name: HOLY SMOKES CIGAR AND PIPE SHOP, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3921 HENDRICKS AVE. JACKSONVILLE, FL 32207

Current Mailing Address:

3921 HENDRICKS AVE. JACKSONVILLE, FL 32207 US

FEI Number: 47-5648920

Name and Address of Current Registered Agent:

EMILY HANCOCK EA 11250 OLD ST. AUGUSTINE ROAD #15-230 JACKSONVILLE, FL 32257 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: EMILY G. HANCOCK

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AMBR LEVERETT, MORGAN C Name Address 3921 HENDRICKS AVE. City-State-Zip: JACKSONVILLE FL 32207

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

MEMBER

08/31/2020

Date

FILED Aug 31, 2020 Secretary of State 0755639098CC

Certificate of Status Desired: No

08/31/2020 Date