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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : UNISEARCH, INC. (OR)
Account Number : I20150000113
Phone : (800) 554-3113
Fax Number : (800) 554-3114

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gretchen@emergelawgroup.com

**REGISTERED AGENT CHANGE
STEM HOLDINGS FLORIDA, INC.**

Certificate of Status	0
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Nov. 8. 2019 9:20AM

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.

In order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STEM HOLDINGS FLORIDA, INC.
2. The principal office address: 2201 NW Corporate Boulevard, Suite 205, Boca Raton, FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/07/2018 Document number: F18000002726
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ANGELA LETIZIA

7777 GLADES ROAD, SUITE 203

BOCA RATON, FL 33434

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

UNISEARCH, INC.

155 OFFICE PLAZA DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Adam Berk
Signature of an officer or director

Adam Berk, President, Stem Holdings, Inc.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Shawn Llan
Signature of Registered Agent

11/06/2019
Date

If signing on behalf of an entity:

Shawn Llan, Assistant Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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