F1800000 3572

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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09/26/19--01020--030 **35.00

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OCT 12 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: September 24, 2019

Order#: 911230-008

Re: HEMPFUSION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

| | | 17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of NV | | |
|---|---|--|---------|--|
| - | | registered agent, or both, in the State of Florida. | _ | |
| i. The name of | the corporation: HEMPFUSION, IN | 1C. | | |
| 2. The principal | office address: 23110 STATE ROU | UTE 54, LUTZ, FL 33549 | | |
| | | | | |
| 3. The mailing a | address (if different): 708 GRAVEN | NSTEIN HWY N #188, SEBASTOPOL, CA 95472 | | |
| 4. Date of incor | poration/qualification: 07/30/2018 | B Document number: F10000003572 | | |
| | d street address of the current regist rtment of State: (If resigned, enter r | tered agent and registered office on file with the resigned) | | |
| | UNITED STATES CORPORATION AGENTS, INC. | | | |
| | | | | |
| | TAMPA, FL 33612 | MASS. | 35. 9. | |
| 6. The name and (if changed): | | ed agent (if channed) and for registered office | M 7: 44 | |
| | Corporation Service Company | | - | |
| | 1201 Hays Street | | | |
| | | fox NOT acceptable | | |
| | Tallahassee | FL 32301 | | |
| The street address changed will | ess of its registered office and the s be identical. | street address of the business office of its registered age | ent. | |
| Such change was authorized by the | is authorized by resolution duly ad ne board, or the corporation has be | dopted by its board of directors or by an officer so een notified in writing of the change. | | |
| Xiee E | ? agni | Jill Cilmi, Vice President | | |
| Signati | re of an officer or director | Printed or typed name and title | _ | |
| I further agree performance of agent. Or, if the hereby confirm Corporation | to comply with the provisions of all my duties, and I am familiar with is document is being filed merely to that the corporation has been notion on Service Company | ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change. | | |
| | ica CFKuble | 09/24/2019 | | |
| | half of an entity: | Date | | |
| Grace E. Kirby | - | | | |
| | and or Brigand Numa | | | |

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

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