111717

| (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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08/16/19--01021--001 **35.00



AUG 2 3 2019



CSC - WILMINGTON . 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: August 14, 2019

Order#: 880254/001

Re: ACREAGE FLORIDA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

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

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

INCA.XCOA

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

| statement of cha | nge is submitted for a corporation of | .0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of FL gistered agent, or both, in the State of Florida. | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. The name of t | he corporation: ACREAGE FLORID. | A, INC. | |
| 2. The principal | office address: C/O THE LOCKWOO | DD LAW FIRM | |
| | | | |
| 4. Date of incorp | poration/qualification: 08/24/1989 | Document number: L11717 | |
| | street address of the current register tment of State: (If resigned, enter res | red agent and registered office on file with the signed) | |
| | LOCKWOOD, JOHN M. C/O THE LOCKWOOD LAW FIRM | | |
| | 106 EAST COLLEGE AVENUE, SUITE 810 | | |
| | TALLAHASSEE, FL 32312 | 2019 6:55 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office | | | |
| | 1201 Hays Street | · · · · · · · · · · · · · · · · · · · | |
| | P.O. Box NOT acceptable | | |
| | Tallahassee | FL 32301 | |
| as changed will | be identical. | reet address of the business office of its registered agent, opted by its board of directors or by an officer so in notified in writing of the change. | |
| audionzed by th | ic board, or the corporation has been | Kevin Murphy, President | |
| Signatu | re of an officer or director | Printed or typed name and little | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporation | the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi in Service Company | nt and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ied in writing of this change. | |
| By: Y) My | nature of Registered Agent | 08/14/2019 1 Date | |
| _ | half of an entity: | | |
| Grace E. Kirby, | Assistant Vice President | | |
| Typed or Printed Name | | | |

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