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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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(1)

LLC REGISTERED AGENT CHANGE CANNA RESOURCING ASSOCIATES, LLC

| Certificate of Status | 0       |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY,

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| I. Na                      | ame of the limited liability company: Canr  | na Resou   | rcing Associates, LLC  |                             |
|----------------------------|---|--|--|-----------------------------|
| 2. (a)                     | Principal office address of limited liability com   |  | b)   |                             |
|                            | (Note: MUST BE STREET ADDRESS)  |  | (Note: MAY BE POST OFFICE BOX)   |                             |
|                            | 10 SOVEREIGN DR   |  | 10 SOVEREIGN DR  |                             |
|                            | FLANDERS, NJ 07836  |  | FLANDERS, NJ 07836   |                             |
|                            | 02/23/2018  |  | L18000049236   |                             |
| 3.                         | Date of filing/registration in Florida  | 4.   | Document number  |                             |
| 5. (a)                     | MALAVE, JONATHAN  |  |  |                             |
| υ. (a)                     | Registered Agent and Registered Office shown on the r   | records of the Florida   | la Dept of State:  |                             |
|                            | 3230  |  |  |                             |
|                            | Registered Office Address (MUST BE FLORIDA!   | STREET ADDRESS   | <u> </u>   |                             |
|                            | C   |  |  |                             |
|                            | BOYNTON BEACH   | FL3343   | 35 万 <u>元</u> <b>元</b>   |                             |
| 41.5                       | Northwest Registered Ag   |  | 느 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그  |                             |
| (b)                        | Enter name of NEW Registered Agent and/or NEW I   |  | ddress:  |                             |
|                            | 3030 N. Rocky Point Dr.   |  | —————————————————————————————————————  |                             |
|                            | NEW Registered Office Address.  | -  | RIDA<br>810 A  |                             |
|                            | STE 150A  |  |  |                             |
|                            | Tampa   | FL_33607   | )7   |                             |
| the chagent                | nange or changes are made, the Florida street at  | ddress of the regi<br>limited liability co<br>lembers of the lin                 | ne State of Florida, it is hereby confirmed that aft gistered office and the business office of the regis company, it is hereby confirmed that the change(mitted liability company or as otherwise provided I liability company. | s)                          |
|                            | nature of a member or authorized representative of a mem  | <u>Mo</u>  | organ Noble  |                             |
|                            |   |  | Printed or typed name of signee  | h the                       |
| provi:<br>the ob-<br>to me | eby accept the appointment as registered agen<br>sions of all statutes relative to the proper and obligations of my position as registered agent as<br>rely reflect a change in the registered office aced in writing of this change. | I and agree to ac<br>complete perform<br>s provided for in<br>ddress, I hereby c | ict in this capacity. I further agree to comply wit<br>mance of my duties, and I am familiar with and a<br>a Chapter 605, F.S. Or, if this document is being<br>confirm that the limited liability company has be                | a m<br>iccep<br>filec<br>cn |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent