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NOV 0 8 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 189993 8272342

AUTHORIZATION &

COST LIMIT //

ORDER DATE: November 2, 2021

ORDER TIME : 9:36 AM

ORDER NO. : 189993-077

CUSTOMER NO: 8272342

CHANGE OF AGENT

NAME: HARVEST DCP OF FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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.

l.	Na	ame of the limited liability company: HARVEST DO	P OF FLOR	RIDA, LLC		
2.	(a)	1155 West Rio Salado Parkway	(b)			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 201	(0)	N	failing address of limited liability c (Note: MAY BE POST OFFICE	ompany: BOX)
		Tempe, AZ 85281	·			
		04/09/2018	L	180000896	605	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Registered Agent Solutions, Inc.				
	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 115 Office Plaza Drive, Suite A				2(
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
		Tallahassee , FI	32301			5 -5
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office addr	<u> </u>		. 1
		NEW Registered Office Address:				
		1201 Hays Street	<u></u>			
		Tallahassee, FL	32301			
age was	nt w ntwe	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registered a bility comp of the limite	office and pany, it is had liability	the business office of the reg nereby confirmed that the cha	istered
_		Cilmi	Jill Cit	mi, Author	zed Person	
Si	gnati	are of a member or authorized representative of a member		F	rinted or typed name of signee	
I he he o n	ereb visiö oblig serei ified	y accept the appointment as registered agent and agr ns of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h	performance of for in Cha dereby confi orporation	e of my du opter 605, I irm that the Service C	ties, and I am familiar with a F.S. Or, if this document is b c limited liability company ha ompany	v with the and accept eing filed as been
Sign	iature 	of Registered Agent	mi M. Cas	per, Asst.	Vice President	