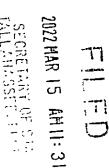
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COVER LETTER

| TO: Registration Section Division of Corporations | , | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| CANNABA VERUM LLC SUBJECT: Name of Limited Liability Company | | | | | | | | | |
| | | | | | | | | | |
| The enclosed Registered Agent/Registered O | ffice Change and fee(s) are submitted for filing. | | | | | | | | |
| Please return all correspondence concerning | this matter to the following: | | | | | | | | |
| Norma Jean Dowd | | | | | | | | | |
| Name of Person | | | | | | | | | |
| InTouch Business Services Corporation | | | | | | | | | |
| Firm/Company | | | | | | | | | |
| 39146 Otis Allen Road | | | | | | | | | |
| Address | | | | | | | | | |
| Zephyrhills FL 33540-3078 | | | | | | | | | |
| City/State and Zip Code | | | | | | | | | |
| Jean.Dowd@InTouchBusinessServices.com | | | | | | | | | |
| E-mail address: (to be used for future a | nnual report notification) | | | | | | | | |
| For further information concerning this matter | er, please call: | | | | | | | | |
| Jean Dowd | 507 313-3162 at () | | | | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | | | |
| Enclosed is a check for the following | ng amount: | | | | | | | | |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | | | | | |

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.

| 1. | Na | me of the limited liability company: CANNABA VER | RUM LI | .C | | | • . | | | | |
|--------------------------------------|---|--|--------------------------------------|------------------------------------|--|---|---|--|------------------------------|--------------------|--|
| 2. (| a) | | | (h) | | | | | | | |
| (| α) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0, | | Mailing | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | | 2240 SUMMER BROOK STREET | | | 2240 S | UMMER | BROOK ST | REET | | | |
| | | MELBOURNE, FL 32940 | | | MELB | OURNE, | FL 32940 | | | | |
| | | 11/1/2018 | | I | .180002 | 256577 | | | | | |
| 3. | | Date of filing/registration in Florida | 4. | - | | Docu | ıment numb | er | | | |
| 5. | (a) | REGISTERED AGENTS, INC. | | | | | | | | | |
| J | (<i>a)</i> | Registered Agent and Registered Office shown on the records of | the Flor | ida | Dept. of | State: | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET | ADDRE | SS | | | | | | | |
| | | 7901 4th STREET N, SUITE 300 | | | | | | | | | |
| | | St. Petersburg, FI | 33702 | | | | | 2022 | | | |
| 1 | b) | INTOUCH BUSINESS SERVICES CORPORATION | | | | | | CREA | 2022 HAR | 17" | |
| (| 0, | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE | 15 | ا المعامدة | |
| | | | | | | | | | AH 11: 3 | | |
| | | NEW Registered Office Address: | | | | | | | | | |
| | | 39146 OTIS ALLEN ROAD | | | | | | • | | | |
| | | ZEPHYRHILLS | FL_33540-3078 | | | | | | | | |
| charager was the Si I he prothe to n | nge nt v /we arti gnal gnal erel visi obl | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member of all statutes relative to the proper and complete igations of my position as registered agent as provide lay reflect a change in the registered office address, I if in writing of this change. | e registe ability of the limited No. | ered cor imi d lis orm | d office npany, ted liab ability in a Jean I | e and the it is here bility com company Dowd Printe capacity. my duties | business off by confirme apany or as of ed or typed name I further ag | fice of the reed that the contherwise potential me of signee gree to comparable results. | egistere hange(rovide | ed (s) d in h the | |
| Sier | | re of Registered Agent | | | | | | | | | |