3/28/2024 10:37:07 PDT --To 18506176383 Page: 1/2 Fax: \$134365206

Florida Department of Stage

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE PRISTINE CBD LLC

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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.

	anne of the limited liability company: PRISTIN			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(h)	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	04/25/19		 L1900	0113093
3.	Date of filing/registration in Florida	4.		Document number
5. (a	UNITED STATES CORPORATION A	AGEN	rs, inc.	
(0	Registered Agent and Registered Office shown on the records o	I the Flori	da Dept. of Stat	- e:
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>(SS)</u>	-
	JACKSONVILLE F	_L 3220)2	2024 ASS
(Ե)	Registered Agents Inc			
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	- * * * * * * * * * * * * * * * * * * *
	7901 4th St N			—p - 44 - 1, — — — — — — — — — — — — — — — — — — —
	NEW Registered Office Address:			
	STE 300			<u>ω</u>
	St. Petersburg	L3370	2	_
the chagent was/w	imited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg lability of the li e limited	istered offici company, it is mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in opany.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Printed or typed name of signee.

David Roberts - Assistant Secretary

Signature of a member or authorized representative of a member