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05/29/2024

D	ate:05/2	9/2024	4:1 DW
	Ac	c#I20160000072	4: C) JV
Name:	Bloom Medicinals	of MO, LLC	
Document #:			
Order #:	15595083		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
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May 30, 2024

CT CORP

SUBJECT: BLOOM MEDICINALS OF MO, LLC

Ref. Number: L19000179049

CORRECTED

Please Allow For Same File Data

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 624A00011707



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.	Name of the limited liability company: Bloom Medicina	lls of MO,	LLC	
2. (a)	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	129 NW 13th Street, Suite 27		129 NW 1	3th Street, Suite 27
	Boca Raton FL 33432		Boca Rato	on FL 33432
	July 11, 2019		L190001790	049
3.	Date of filing/registration in Florida	4.	-	Document number
5. (Peter Turco			
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	te:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	<u> </u>	_
	129 NW 13th Street, Suite 27			
	Boca Raton FL 33432 . FL	33432		_
(b	C T Corporation System			2021
(0	Enter name of NEW Registered Agent and/or NEW Registered	l Office ado	lress:	
	C T Corporation System			FILI DZHKAY 3A
	NEW Registered Office Address:		<u> </u>	
	1200 South Pine Island Road			्र व
				69
	Plantation FL	33324		_
the cl agent was/v	limited liability company is not organized under the laviange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of the second of the members of the second of the members of the second of the secon	the regis ability col of the limi	tered office mpany, it is ted liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Charles V. Cuda	Charl	les V. Cuda,	Manager
	ature of a member or authorized representative of a member			Printed or typed name of signee
the of to me notifi By:	rby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I led in writing of this change. CT Corporation System Aama Sto South	ree to act performa d for in C hereby co	in this capa ince of my a hapter 605, nfirm that t	acity. I further agree to comply with the duties, and I am familiar with and accept. F.S. Or, if this document is being filed the limited liability company has been
Signat	ure of Registered Agent taum Brodenck Assutant Scoretary			

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