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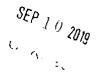
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AUTUMN LEAF CB Name of Lin	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
GAIL HUMBLE Name of Person				
AUTUMN LEAF CBD LLC Firm/Company	<u>.</u>			
9244 PINEVILLE DR. Address				
LAKE WORTH BCH. FL 3346 City/State and Zip Code	7			
gee-Style 1@ yahoc.com E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please ca	dl:			
YAIL HUMBLE at (5) Name of Person	74/) 389-8227 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	ranassee, riorida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

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

1.	Name of the limited liability company: Autum N LE	AF C	BD LLC	
2. (a) (b	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		dailing address of limited (Note: MAY BE POS)	
			BOYNTON BEA	
	BOYNTON BEACH, FL 33436	BOYNT	ON BEACH,	TL 33436
		4190	00/8/481	
3.	Date of filing/registration in Florida 4.		Document number	
5.	(a) GAIL HUMBLE			
	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:	:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2		
	9244 PINEVILLE DR.			
	LAKE WORTH BEACH .FL 334	167		
		, , ,	7. 13.5	2019
(b)		Ē.	2 7
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office add</u>	<u>dress</u> :	ÄH/	F1
			CALLAHASSEL FL	-
	NEW Registered Office Address:			PH 2: 41
	3469 W. BOYNTON BEACH BLYD UN	NITHY	而: [1] [1]	# #
	,			
	BOYNTON BEACH , FL 33	<u>459</u>		
If th	e limited liability company is not organized under the laws of the	State of Flo	rida, it is hereby cor	ifirmed that after
ager	change or changes are made, the Florida street address of the regis at will be identical. Or, in the case of a Florida limited liability co	stered office ompany, it is	and the business of hereby confirmed t	fice of the registered hat the change(s)
was	were authorized by an affirmative vote of the members of the limarticles of organization of the operating agreement of the limited limited limited.	iited liability	company or as other	erwise provided in
				_
Sig	gnature of a member or authorized representative of a member	91116	Printed or typed name of	f signee
I he prov the c to m notij	ereby accept the appointment as registered agent and agree to act visions of all statutes relative to the proper and complete performabligations of my position as registered agent as provided for in Cherely reflect ochange in the registered office address, I hereby confied in writing of this change.	in this capa ance of my d Chapter 605, Onfirm that t	city. I further agree luties, and I am fam F.S. Or, if this doc he limited liability c	e to comply with the iliar with and accep ument is being filed company has been
Sign	apore of Registered Agent			