

L21 0000 80567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

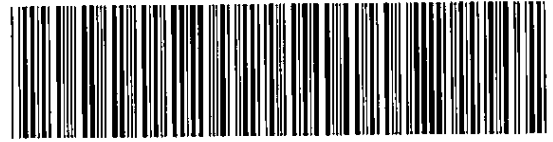
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
-ALL AFFAIRS- (13915)

2023 FEB 24 AM 8:53

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A. RIVERS

MAY 10 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

ALGEVITY EXTRACTS LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOLLY BERBERICH

\_\_\_\_\_  
Name of Person

ALGEVITY EXTRACTS

\_\_\_\_\_  
Firm/Company

4212 CYPRESS GULCH DRIVE

\_\_\_\_\_  
Address

LUTZ / FLORIDA 33559

\_\_\_\_\_  
City/State and Zip Code

mberberich@bravapharm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Berberich 813 991-4100

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

CK1447

**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.*

Algevity Extracts LLC

1. Name of the limited liability company: Algevity Extracts

2. (a) Algevity Extracts (b) Algevity Extracts

Principal office address of limited liability company: 4212 Cypress Gulch Drive, Lutz FL 33559  
*(Note: MUST BE STREET ADDRESS)*  
 Mailing address of limited liability company: 4212 Cypress Gulch Drive, Lutz FL 33559  
*(Note: MAY BE POST OFFICE BOX)*

02/17/2021 1.21000080567

3. US Corp Agents, Inc Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: US Corp Agents, Inc

Registered Office Address 5575 S. Semoran Blvd, 36  
*(MUST BE FLORIDA STREET ADDRESS)*  
Orlando 32822  
FL

(b) Molly Berberich

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Molly Berberich  
**NEW Registered Office Address**:  
4212 Cypress Gulch Dr  
Lutz 33559  
FL

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member Brian McMillan Printed or typed name of signer

*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.*

[Signature]  
 Signature of Registered Agent