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1	(Requestor's Name)
	(Address)
1	(Address)
_	(Address)
	•
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Osomos Zinin) (Isino)
	(Document Number)
Certified Copies	Certificates of Status
	
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CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 438688 8272342
AUTHORIZATION Sprellible man
COST LIMIT : \$25.00
ORDER DATE : January 27, 2022
ORDER TIME : 1:51 PM
ORDER NO. : 438688-005
CUSTOMER NO: 8272342
CHANGE OF AGENT
NAME: TRULIEVE SUWANNEE, LLC
MAIL. INOBILITA COMMINALA, BEC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland EXT#

EXAMINER:

.

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.

(a)	3494 Martin Hurst Road		(b)	3494 Mari	tin Hurst Road
, , ,	Principal office address of limited liability company: (Note; MUST_BE STREET ADDRESS)		` ′		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tallahassee, FL 32312			Tallahasse	ee, FL 32312
	June 1, 2021		l	_21000255	5037
	Date of filing/registration in Florida	4.	_		Document number
(a)	Manausa, Daniel E				
(11)	Registered Agent and Registered Office shown on the records	of the Flori	da I	Dept. of State	· :
	1701 Hermitage Blvd				
	Registered Office Address (MUST BE FLORIDA STREET Suite 100	ET ADDRE.	<u>SS)</u>		
	Tallahassee	, 32308			·
(b) <u>.</u>	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			<u></u> :	PARZ JUNE 27 AM 12: 4 PARZ JUNE 27 AM 12: 4 PARZ JUNE 27 AM 12: 4
	NEW Registered Office Address:				S ES
	1201 Hays Street				FATE +
	Tallahassee	FL32301			
nge nt w /we	mited liability company is not organized under the or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the control of the control of the operating agreement of the control	the registe Hiability or s of the li	red om mit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
78/ PFIC POWERS			ric Powers, Manager		
gnat	ure of a member or authorized representative of a member				Printed or typed name of signee
zreb visio	y accept the appointment as registered agent and cons of all statutes relative to the proper and comple gations of my position as registered agent as provi ly reflect a change in the registered office address.	igree to ac te perforn	et ir nan	i this capa ice of my d	city. I further agree to comply with th luties, and I am familiar with and acc

Signature of Begistered Agent
Lindsey M. Baronie, Assistant Vice President on behalf of Corporation Service Company