

7/20/2018

Division of Corporations

P18000060420

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
18 JUL 24 AM 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
TRULIEVE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED
2018 JUL 20 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resubmission Keep Date 7/20/18

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 25 2018

Handwritten signature

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: TRULIEVE, INC.
2. The principal office address: 6749 BEN BOSTIC ROAD QUINCY, FL 32351
3. The mailing address (if different): 24671 US HWY 19 N. CLEARWATER, FL 33763
4. Date of incorporation/qualification: 01/25/1990 Document number: P18000060420
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KIM RIVERS
6749 BEN BOSTIC ROAD
QUINCY, FL 32351

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change:

Signature of an officer or director: [Handwritten Signature] KIM RIVERS, CEO
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Handwritten Signature] C T Corporation System Date: 07/17/2018
Signature of Registered Agent

If signing on behalf of an entity:
Mike Jones, Assistant Secretary
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)