

P19 0000004266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 MAR -2 PM 3:15

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3/16/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUBLEND HEMP INC
Name of Corporation

DOCUMENT NUMBER: P19000004266

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW LINKOUS

Name of Contact Person

TRUBLEND HEMP INC

Firm/Company

192 TOLLGATE TRAIL

Address

LONGWOOD, FLORIDA 32750

City/State and Zip Code

E-mail address: (to be used for future annual report notification)
~~ML - Matthew Linkous~~ mdlinkous1212@gmail.com

For further information concerning this matter, please call:

MATTHEW LINKOUS at (407) 906-5567
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: TRUBLEND HEMP INC
2. The principal office address: 580 CAPE COD LANE, UNIT 8, ALTAMONTE SPRINGS, FL 32714
3. The mailing address (if different): 192 TOLLGATE TRAIL, LONGWOOD, FLORIDA 32750
4. Date of incorporation/qualification: 1/10/2019 Document number: P19000004266
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)

MARTIN D ABERNATHY

2014 VOTAW ROAD

APOPKA, FLORIDA 32703

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

MATTHEW LINKOUS

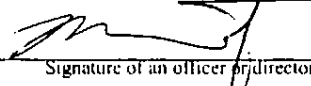
192 TOLLGATE TRAIL

P.O. Box NOT acceptable

LONGWOOD, FLORIDA 32750

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

MARTIN D ABERNATHY

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.



Signature of Registered Agent

MATTHEW LINKOUS

Date

If signing on behalf of an entity:

Matthew Linkous

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 (04/13)

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