## P190000 7-7535

(Re	questor's Name)			
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: BOTANNIS LABS FL CORP. Name of Corporation		
DOCUMENT NUMBER: P19000077835		
The enclosed Statement of Change of Registered (	Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Daniel Braiman		
Name of Contact Person		
Botannis Labs FL Corp.		
Firm/Company	<del></del>	
1770 Blake Street		
Address	<u></u> .	
Denver, CO 80202		
City/State and Zip Code	<del></del>	
dan@wolfcap.com		
E-mail address: (to be used for future annual r	report notification)	
unun_ (10 00 unou xox tuturo unimuut x	opon nouncation)	
For further information concerning this matter, ple	ease cail·	
or remains into the control of the c	out out.	
Daniel Braiman	at ( 720 ) 560-1515	
Name of Contact Person	at ( 720 ) 560-1515  Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the D	Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617.050			is
	nge is submitted for a corporation organ r to change its registered office or regist			
1.771	BOTANNIS LABS FLOO	)RP		
2 The principal	office address: 1770 BLAKE STREET, DI	ENVER, CO 80202		
2. The principal	onice acturess.			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/03/2019	Document number: P190000778	335	
5. The name and Florida Depar	I street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with	the	
	LAPILA, LARRY			
	6111 BROKEN SOUND PARKWAYNW			
	BOCA RATON, FL 33487		SEC	2020
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered offic	ALIASSI	2828 JUN - 1
	3H Agent Services, Inc.			
	1415 Panther LaneSuite 327		등 등	PH 1: 5
	P.O. Box	NOT acceptable	85	<b>1</b>
	Naples, FL 34109			
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its r	egistere	d agent,
Such change wanthorized by the Docusigned by:	as authorized by resolution duly adopted the board, or the corporation has been no	l by its board of directors or by an of tified in writing of the change.	ficer so	
CHOM. M)		Matthew Wolf, Director		
	ge of an officer or director	Printed or typed name and title		
I further agree of my duties, an document is bei	the appointment as registered agent an to comply with the provisions of all state d I am familiar with and accept the obl ng filed merely to reflect a change in th t been potified in writing of this change.	utes relative to the proper and comp igation of my position as registered t e registered office address. I hereby	lete perf 1gent. ( confirm	ormanc )r, if thi that the
5//	//	5/27/2020		
Sig	father of Registered Agent	Date		
If signing on be	half of an entity:			
Elizabeth Harker				
Т	yped 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)