Current Ma	iling Address:			
4701 WEST TAMPA, FL	FAIRVIEW HEIGHTS 33616			
FEI Number: 01-0621482			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
16011 NEBRA SUITE 106	SKA AVE. NORTH			
SUITE 106 LUTZ, FL 335	SKA AVE. NORTH	its registered office or regis	tered agent, or both, in the State of Flori	da.
16011 NEBRA SUITE 106 LUTZ, FL 335 The above name	SKA AVE. NORTH 49 US	its registered office or regis	tered agent, or both, in the State of Flori	_{da.} 02/03/202 ⁷
16011 NEBRA SUITE 106 LUTZ, FL 335 The above name	SKA AVE. NORTH 49 US ed entity submits this statement for the purpose of changing i	its registered office or regis	tered agent, or both, in the State of Flori	
16011 NEBRA SUITE 106 LUTZ, FL 335 The above name SIGNATUR	SKA AVE. NORTH 49 US ed entity submits this statement for the purpose of changing i E: JOHN A COUNTRYMAN	its registered office or regis	tered agent, or both, in the State of Flori	02/03/202 ⁻
16011 NEBRA SUITE 106 LUTZ, FL 335 The above name SIGNATUR Officer/Dire	SKA AVE. NORTH 49 US ed entity submits this statement for the purpose of changing in E: JOHN A COUNTRYMAN Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of Flori	02/03/202 ⁻
16011 NEBRA SUITE 106 LUTZ, FL 335 The above name SIGNATUR Officer/Dire Title	SKA AVE. NORTH 49 US ed entity submits this statement for the purpose of changing in E: JOHN A COUNTRYMAN Electronic Signature of Registered Agent Ector Detail :			02/03/202 ⁻
16011 NEBRA SUITE 106 LUTZ, FL 335 The above name SIGNATUR	SKA AVE. NORTH 49 US ed entity submits this statement for the purpose of changing is E: JOHN A COUNTRYMAN Electronic Signature of Registered Agent Ector Detail : DPST	Title	DVP	02/03/202 ⁻ Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN GASSAWAY	DPST	02/03/2021
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2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024048

4701 WEST FAIRVIEW HEIGHTS

Entity Name: PLANTOPIA, INC.

Current Principal Place of Business:

Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 03, 2021 Secretary of State 2350264075CC