•				
Current Ma	ling Address:			
4701 WEST TAMPA, FL	FAIRVIEW HEIGHTS 33616			
FEI Number: 01-0621482			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
16011 NEBRAS SUITE 106	SKA AVE. NORTH			
SUITE 106 LUTZ, FL 3354	SKA AVE. NORTH	its registered office or regis	tered agent, or both, in the State of Flori	da.
16011 NEBRAS SUITE 106 LUTZ, FL 3354 The above name	SKA AVE. NORTH 19 US	its registered office or regis		<sub>da.</sub> 01/27/2020
16011 NEBRAS SUITE 106 LUTZ, FL 3354 The above name	SKA AVE. NORTH I9 US d entity submits this statement for the purpose of changing	its registered office or regis		
16011 NEBRAS SUITE 106 LUTZ, FL 3354 The above name SIGNATURE	SKA AVE. NORTH 19 US d entity submits this statement for the purpose of changing E: JOHN A COUNTRYMAN Electronic Signature of Registered Agent	its registered office or regis		01/27/2020
16011 NEBRAS SUITE 106 LUTZ, FL 3354 The above name SIGNATURE	SKA AVE. NORTH 19 US d entity submits this statement for the purpose of changing E: JOHN A COUNTRYMAN Electronic Signature of Registered Agent	its registered office or regis		01/27/2020
16011 NEBRAS SUITE 106 LUTZ, FL 3354 The above name SIGNATURE Officer/Dire	SKA AVE. NORTH 19 US d entity submits this statement for the purpose of changing E: JOHN A COUNTRYMAN Electronic Signature of Registered Agent ctor Detail :			01/27/2020
16011 NEBRAS SUITE 106 LUTZ, FL 3354 The above name SIGNATURE Officer/Dire Title	SKA AVE. NORTH 19 US d entity submits this statement for the purpose of changing E: JOHN A COUNTRYMAN Electronic Signature of Registered Agent Ctor Detail : DPST	Title	DVP	01/27/2020 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	01/27/

Electronic Signature of Signing Officer/Director Detail

7/2020

Date

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024048

Entity Name: PLANTOPIA, INC.

## **Current Principal Place of Business:**

4701 WEST FAIRVIEW HEIGHTS