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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAIME MCCOY

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L09000053698

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: THE RELEAF CENTER, LLC

Current Principal Place of Business:

2290 WEST EAU GALLIE BLVD SUITE 202 MELBOURNE, FL 32935

Current Mailing Address:

2290 WEST EAU GALLIE BLVD. STE. 202 MELBOURNE, FL 32935 US

FEI Number: 27-2095993

Name and Address of Current Registered Agent:

CHANDRA, SUMEET 2290 W EAU GALLIE BLVD 202 MELBOURNE, FL 32935 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	SUMEET CHANDRA		02/19/2020	
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AMBR	
Name	CHANDRA, SUMEET	Name	MCCOY, JAIME	
Address	2200 WEST EAU GALLIE BLVD., #202- A	Address	2290 WEST EAU GALLIE BLVD SUITE 202	
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935	

Certificate of Status Desired: No

AMBR

FILED Feb 19, 2020 Secretary of State 2716314367CC

> 02/19/2020 Date