Filed by Corporations Division Administrator Filing Number: 222582319440 Date: 09/13/2022



Form Revision Date 07/2000

## CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT

For use by FOREIGN PROFIT CORPORATION

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations) the undersigned executes the following Certificate:

The identification number assigned by the Bureau is:		802737290		
The name of the corporati	on is:	GROWGENERATION USA, INC	2. 🗘	
The name of the resident agent on file with the Bureau is :		VCORP SERVICES, LLC		
The location of the registered office on file with the Bureau is:		40600 ANN ARBOR RD E STE 201 ,PLYMOUTH, MI, 48170	<b>\$</b>	
The mailing address of the above office on file with the Bureau is:			<b>\$</b>	
Enter in Item A the information as it should now appear on the public record.  A.The street address of the registered office and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):  Agent Name:  VCORP AGENT SERVICES, INC.  2. Street Address:  40600 ANN ARBOR RD E STE 201  Apt/Suite/Other:  City:  PLYMOUTH  State:  MI  Zip Code: 48170				
Registered Office Mailing A P.O. Box or Street Address: Apt/Suite/Other: City: State:	Address:	Zip Code:		
The above changes were authorized by resolution duly adopted by: 1. ALL CORPORATIONS: its Board of Directors or the resident agent if only the address of the registered office is changed, in which case a copy of this statement has been mailed to the corporation.  2.NONPROFIT CORPORATIONS ONLY: the incorporators, only if no board has been appointed. 3. LIMITED LIABILITY COMPANIES: an operating agreement, affirmative vote of a majority of the members pursuant to section 502(1), managers pursuant to section 405, or the resident agent if only the address of the registered office is changed.				
The corporation or limited liability company further states that the address of its registered office and the address of its resident agent as changed, are identical.				

This document must be signed by an authorized officer or agent (corporations) or a member, manager, or an authorized agent (limited liability companies).

Signed this 12th Day of September, 2022 by:

The identification number assigned by the Bureau is:

Signature	Title	Title if "Other" was selected
Anthony Palazzo	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT

for

GROWGENERATION USA, INC.

**ID Number:** 802737290

received by electronic transmission on September 12, 2022, is hereby endorsed.

Filed on September 13, 2022, by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 13th day of September, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau