that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. AUSTEN ROBERTS

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000125890

Entity Name: SWIFT CREEK ACREAGE SERVICES, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

12469 W STATE ROAD 100 LAKE BUTLER. FL 32054

Current Mailing Address:

P.O. BOX 238 LAKE BUTLER, FL 32054 US

FEI Number: 83-0615953

Name and Address of Current Registered Agent:

ROBERTS, C. AUSTEN 12469 W STATE ROAD 100 LAKE BUTLER, FL 32054 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ROBERTS, C. AUSTEN	Name	ROBERTS-CRAWFORD, AMBER J.
Address	P.O. BOX 238	Address	P.O. BOX 238
City-State-Zip:	LAKE BUTLER FL 32054	City-State-Zip:	LAKE BUTLER FL 32054

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

MGR

02/01/2019 Date

FILED Feb 01, 2019 Secretary of State 7411197292CC

Certificate of Status Desired: Yes

Date