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(Re	questor's Name)			
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(Business Entity Name)				
(Document Number)				
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TO OR LOT LALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 15, 2020

Order#: 544755/095

Re: SWC FOWLER AVENUE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25...

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## ▲ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company:	R AVE	NUE	, LLC	
2. (a)	2558 East Fowler Avenue		(b	2203 N L	pis Ave M275
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33612	<del>-</del> -		Tampa, Fl	L 33607
	07/11/2016			L16000130	614
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	C T CORPORATION SYSTEM				
37 ( <del>a</del> )	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDR	ESS	1	
	PLANTATION	3332 L	24	·	·
	,,,	`L			—
(b)					7
• •	Enter name of NEW Registered Agent and/or NEW Register	ed Offic	e ado	iress:	<u>::</u>
	Corporation Service Company				<u>ဖု</u> ယ
	NEW Registered Office Address:			<del>.</del>	<del></del>
	1201 Hays Street				
	Tallahassee F	<sub>L</sub> 3230	01		
change agent was/w the art  Signa  I here provis the obto mer	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the unit of a member or authorized representative of a member by accept the appointment as registered agent and actions of all statutes relative to the proper and completing actions of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	ne regis liability s of the ne limite	tere cor lim ed li Jill C	d office and mpany, it is ited liability ability com cilmi, Authoritim, authoritim this capa	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  rized Person  Printed or typed name of signee  activ. I further agree to comply with the

メントルントリン Signature of Registered Agent
Grace E. Kriby, Asst. Vice President of Corporation Service Company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00