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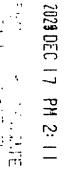
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

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#: 544755/168

Re: SWC VILLAGE SQUARE BOTANICALS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{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. 1	Name of the limited liability company: 1639 VILLAGE SQUARE BOULEVARD	21	DTANICALS LLC 203 N Lois Ave M275
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TALLAHASSEE, FL 32309	 Та	ampa, FL 33607
	04/03/2017	L17	7000075142
 (a) 	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		or. of State:
	PLANTATION	33324	PH 2:
	Corporation Service Company		
	NEW Registered Office Address: 1201 Hays Street		
	Tallahassee , F	FL_32301	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	ne registered of liability compa s of the limited ne limited liabil	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
- Sim	nature of a member or authorized representative of a member	Jill Cilm	Printed or typed name of signee
I her provi the o to me	reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the proper and complete bligations of my position as registered agent as provide the reflect a change in the registered office address, led in writing of this change.	zree to act in t e performance led for in Chap I hereby confir	his capacity. I further agree to comply with the

Signature of Registered Agent
Grace E. Kriby, Asst. Vice President of Corporation Service Company

Division of Corporations P.O.