L17000106597

(Re	questor's Name)	
(Add	dress)	
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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#: 544755/126

Re: SWC NORTH PORT TAMIAMI BOTANICALS 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.

	14906 TAMIAMI TRAIL	(b) 2203 N Lois Ave M275
. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NORTH PORT, FL 34287	Tampa, FL 33607
	05/15/2017	L17000106597
. (a)	Date of filing/registration in Florida CT CORPORATION	4. Document number
. (4)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD #25	
	Registered Office Address (MUST BE FLORIDA STREET	33324 E
	PLANTATION , FI	L 33324
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office address:
	NEW Registered Office Address:	
	1201 Hays Street	
	Tallahassee, F	L
hange igent v vas/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li	aws of the State of Florida, it is hereby confirmed that after the e registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in e limited liability company.
	Xie E. Clenie	Jill Cilmi, Authorized Person
C:	ture of a member or authorized representative of a member	Printed or typed name of signee gree to act in this capacity. I further agree to comply with the
I here provisi he obl o mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d'in writing of this change.	e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been