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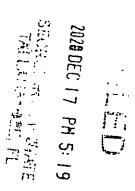
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Certified Copies Certificates of Status					





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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#: 544755/153

Re: SWC PENSACOLA LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25.

Please take the following action:

 \underline{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. N	lame of the limited liability company: SWC PENSAC	OLA LLC		
2. (a)	5046 BAYOU BOULEVARD SUITE A		b) 2203 N	I Lois Ave M275
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PENSACOLA, FL 32503	_	Tampa	, FL 33607
	06/07/2017		L170001	25198
3. 5. (a	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number
(b)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florid	a Dept. of S	itate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021 DEC
	PLANTATION , FI	33324	<u>.</u>	
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:	d Office a	ddress:	PH 5: 19
	1201 Hays Street			_
	Tallahassee, FI	32301 L		
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 livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register ability constant of the line limited	ed office ompany, i nited liabi liability c	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	JIII	Cirrii, Au	Printed or typed name of signee
I hero provis the ob- to me.	eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to ac performed for in hereby c	t in this co lance of m Chapter 6 onfirm th	apacity. I further agree to comply with the
	ture of Registered Agent			

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