L17000 17116Z

(Re	questor's Name)					
(Add	dress)					
(Add	dress)					
V 1-	,					
	101-1-171 IDI	40				
(City	//State/Zip/Phone	∋#)				
PICK-UP	☐ WAIT	MAIL				
(Bu:	siness Entity Nar	ne)				
(Cu-	,	,				
	6					
(Doc	cument Number)					
Certified Copies Certificates of Status						
Special Instructions to I						
Special managements to	ming officer.					
L						

Office Use Only



000356202690

12/17/20--01020--015 **25.00

55B 0 3 2021 S. YOUNG

2020 DEC 17 PH 6: 36



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#: 544755/042

Re: SDC WEST PALM BEACH 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.

1. Na	ame of the limited liability company: SDC WEST PA	LM BEA	CH	H BOTANI	CALS, LLC			
2. (a)	2203 N Lois Ave M275		b)	2203 N L	ois Ave M275			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u>.</u>		Mailing address of (Note: MAY BE			-
	Tampa, FL 33607	_		Tampa, F	L 33607			
	08/10/2017		L	17000171	162			
3.5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.			Document num	ber		
J. (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Floric	ia C	Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		-			
	PLANTATION , FI	33324			-		2029 DEC	1 :
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddr	<u>ess</u> :	-	:-	C 17 PM	- *1 - *1 - *1
	Corporation Service Company					-	ن	
	NEW Registered Office Address:			-	-		<u>ვ</u>	
	1201 Hays Street				_			
	Tallahassee, FI	L_32301			_			
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register lability c of the lir	red om nit	office and pany, it is ed liability	d the business o s hereby confirm y company or a	iffice of th ned that th	ie registe ie chang	ered e(s)
	Lu & Comi	Jill	Ci	lmi, Autho	rized Person			
Signa	ture of a member or authorized representative of a member				Printed or typed t	name of sign	ce	
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	et in nan Ch con	n this capa ace of my a apter 605 firm that i	acity. I further duties, and I am , F.S. Or, if thi the limited liabi	agree to c familiar v s documer lity compo	omply w with and it is bein any has i	ith the accept g filed been

Dreat-Know

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