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(Requestor's Name)				
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(53	omess Emily (Marris	<i>-,</i>		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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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#: 544755/133

Re: SWC ORANGE PARK, 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.

l. Na	ame of the limited liability company:	PARK	K, LLC		
2. (a)	80 BLANDING BOULEVARD Suite 3		(b)	03 N Lo	ois Ave M275
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORANGE PARK, FL 32073	<u> </u>	Ta	mpa, FL	. 33607
	01/30/2018		L18	0000267	760
3.	Date of filing/registration in Florida	4.]	Document number
5. (a)	CT CORPORATION				
/· (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flo	rida Depi	t. of State	2020 DEC SECULO
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRI</u>	ESS)		
	PLANTATION , FI	3332	4		7 AM 7: 1-9
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office	address	;	ril C
	NEW Registered Office Address:		-		
	1201 Hays Street				
	Tallahassee, FI	3230	1		
change agent v was/we	imited liability company is not organized under the later 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 of cles of organization or the operating agreement of the	regist ability of the	ered of compa limited	fice and ny, it is liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Lie E. Cienie	J	ill Cilmi	, Author	ized Person
I here provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and aging on so fall statutes relative to the proper and complete ligations of my position as registered agent as provide lety reflect a change in the registered office address, I din writing of this change. \[\textstyle \text{Line 1.} \]	ree to c perfoi d for i hereby	act in the mance n Chap o confiri	nis capa of my d ter 605, m that ti	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu Grace	re of Registered Agent E. Kriby, Asst. Vice President of Corporation Service Company				

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