L18000026778

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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@cscqlobal.com

Date: December 15, 2020

Order#: 544755/132

Re: SWC ORANGE PARK 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:	E PARK B	OTANICA	LS, LLC		
2. (a)	80 BLANDING BOULEVARD Suite 3	(H	2203 N	Lois Ave M275		
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(, <u> </u>	Mailing address of limited lia (Note: MAY BE POST O		-
	ORANGE PARK, FL 32073		Tampa,	FL 33607		
	01/30/2018		L1800002	26778		
3.	Date of filing/registration in Florida	4.	·	Document number		
5. (a)	CT CORPORATION					
(b)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of Sta	ate:		
	1200 SOUTH PINE ISLAND ROAD			÷	203	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2028 DEC	* { =
	PLANTATION, F	L_33324			17 AM	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	ed Office ad	dress:	— [2 <u>1</u>	7:56	**************************************
	NEW Registered Office Address:	<u></u>		<u> </u>		
	1201 Hays Street	_	 	_		
	Tallahassee , F	L_32301				
change agent v was/w the art	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere liability co of the lim	ed office a impany, it iited liabili	nd the business office of is hereby confirmed that ity company or as otherw	the register the change	ed (s)
	ture of a member or authorized representative of a member	Jill (Cilmi, Auth	norized Person		
Signa	ture of a member or authorized representative of a member			Printed or typed name of sig	gnee	
provisi the obi to mer	by accept the appointment as registered agent and ag ions 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.	gree to act e performe ed for in C hereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to duties, and I am familia 15, F.S. Or, if this docum t the limited liability com	comply wi r with and e ent is being pany has b	th the accept z filed een
	Draw & Knoy					
	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