LIS 000052590

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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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@cscqlobal.com

Date: December 15, 2020

Order#: 544755/036

Re: SDC MIRAMAR 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.

SOC MIRAMAR BOTANICALS LLC

1.	Name of the limited liability company:	AIT BOTA		
2. (a	2203 N Lois Ave M275	((b) 2203 N Lois Ave M275	
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tampa, FL 33607		Tampa, FL 33607	
	02/27/2018		L18000052590	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) C T CORPORATION SYSTEM			
,	Registered Agent and Registered Office shown on the records	s of the Florid	da Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
(1		FL_33324	2000 DEC 17	
(,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	red Office ac	ddress:	
	Corporation Service Company		dddress:	
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee,	FL_32301	······································	
chan agen was/ the a	ge or changes are made, the Florida street address of a twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member rticles of organization or the operating agreement of the street of the street and the content of the content	the register I liability cors rs of the lin	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in	
	nature of a member or authorized representative of a member	Jill	Cilmi, Authorized Person	
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the o to me	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provi erely reflect a change in the registered office address, ied in writing of this change.	agree to ac ete perform ided for in (. I hereby c	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been	

Dioca L-Kinby

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