

LIS 000 110 267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

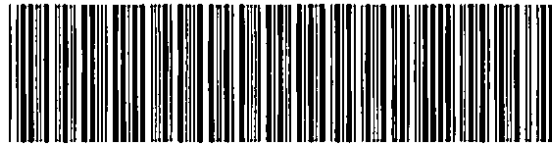
(Business Entity Name)

(Document Number)

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ALBRITTON



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#: 544755/130  
  
Re: SWC OCALA 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. Name of the limited liability company: SWC OCALA BOTANICALS LLC
2. (a) 11115 SW 93RD CT RD UNIT 200 (b) 2203 N Lois Ave M275  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- OCALA, FL 34481 Tampa, FL 33607
3. 05/03/2018 4. L18000110267  
Date of filing/registration in Florida Document number
5. (a) C T CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 SOUTH PINE ISLAND ROAD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
PLANTATION, FL 33324
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill E. Cirmi Jill Cirmi, Authorized Person  
Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

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

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