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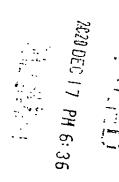
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

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#: 544755/075

Re: SWC BRANDON 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



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#: 544755/075

Re: SWC BRANDON LLC

Enclosed please find:

 $\frac{XX}{XX}$ Change of Registered Agent and Office. $\frac{XX}{X}$ Check in the amount of $\frac{525}{2}$.

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.

| I. Na | ame of the limited liability company: | N LLC | | | | | | | |
|----------------------------|---|--|---|---|--|---|--|--|--|
| 2. (a) | 1256 E BRANDON BLVD | | (b) 2203 N Lois Ave M275 | | | | | | |
| Σ. (α) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | | |
| | BRANDON, FL 33511 | | , | Tampa, F | FL 33607 | | | | |
| | 07/19/2018 | | L | .18000174 | 4709 | | | | |
| 3. | Date of filing/registration in Florida | 4. | | | Document nu | mber | | | |
| 5. (a) | C T CORPORATION SYSTEM | | | | | | | | |
| ·. (α) | Registered Agent and Registered Office shown on the records of | the Florio | da I | Dept. of Stat | te: | | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u>(SS)</u> | - | <u> </u> | | ~2 | | |
| | | | | | | ٠. | 028 | | |
| | PLANTATION | 33324 | _ | | _ | <u>े</u> भू र हुन | 2020 DEC | • | |
| | , | ·- <u></u> | | | _ | | 7 | | |
| (b) | | | | | _ | | PΗ | : ! : | |
| ` . | Enter name of NEW Registered Agent and/or NEW Registered | d Office a | dd | ress: | | | <u>ق</u> _ | | |
| | Corporation Service Company | | | | _ | | 36 | | |
| | NEW Registered Office Address: | | | | _ | | | | |
| | 1201 Hays Street | | | | - | | | | |
| | Tallahassee, FI | L32301 | | | _ | | | | |
| hange igent v vas/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 litere authorized by an affirmative vote of the members of organization or the operating agreement of the | e registe lability of of the lii | red on mit | l office an npany, it i ted liabilit | id the business s hereby confi ty company or | office of th rmed that ti | ne regis he char | stered ige(s) | |
| | Xiu E. Clenie | Jil | l Ci | ilmi, Autho | orized Person | | | | |
| • | ture of a member or authorized representative of a member | | | | Printed or types | | | | |
| provisi he obi o 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 i. nar Cr cor | n this cap ace of my aapter 60: afirm that | acity. I furthe duties, and I a 5, F.S. Or, if to the limited lia | r agree to c m familiar his docume bility comp | comply with a nt is be any ha | with the nd accept ing filed s been | |
| | Draw t-Kindy | | | | | | | | |
| | ire 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