118000174711

(Requestor's Name)							
(Address)							
(Address)							
(Cit	ty/State/Zip/Pho	ne #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificate	es of Status					
Special Instructions to Filing Officer:							

Office Use Only



300356202583



12/17/20--01019--015 ++25.00

SIMMONS FEB 0 2 2021



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#: 544755/069

Re: SWC BONITA SPRINGS 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.

ONE DON'T CODINGO I C

1.	Na	ime of the limited liability company:				
2. ((a)	28520 BONITA CROSSINGS BLVD, SUITE C	((b)	2203 N I	Lois Ave M275
2. \)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		BONITA SPRINGS, FL 34135		-	Tampa, I	FL 33607
		07/19/2018		L	1800017	74711
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	C T CORPORATION SYSTEM				
٥.	(α)	Registered Agent and Registered Office shown on the records of	of the Florie	da E	Dept. of Sta	ate:
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREE	TADDRES	SS)		
		PLANTATION	33324 FL			2028 DEC 1
(1	(b)	Enter name of NEW Registered Agent and/or NEW Registered		ddı	ress:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Corporation Service Company				_ 图 5
		NEW Registered Office Address:				rr.
		1201 Hays Street				
		Tallahassee, F	FL32301			
cha age was	nge nt v s/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members color of the present of the operating agreement of the control of the color of the operating agreement of the color of th	he registe liability o s of the li	red om mit	l office ar ipany, it ed liabili	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		Xie E Cani	Jill	l Ci	lmi, Auth	norized Person
	~	ture of a member or authorized representative of a member				Printed or typed name of signee
pro the to n	visi obl nere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, a d in writing of this change.	gree to ac te perforn led for in I hereby c	rt ii nan Ch con	n this cap ace of my apter 60 afirm that	pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been

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