116 000 a01263

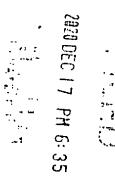
	(Requestor's Name)			
(Address)				
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PICK-U	P WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
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Special Instructions to Filing Officer:				
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CSC - 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@cscglobal.com

Date: December 15, 2020

Order#: 544755/085

Re: SWC DELRAY 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.

I. N	ame of the limited liability company:	LC			
2. (a)	15200 JOG RD #B10-B11	(b) 2203 N Lois Ave M275			
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	DELRAY BEACH, FL 33446	 -	Tampa, FL 33607		
	08/22/2018	L	L18000201263		
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	Document number		
, (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida D			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2920 DEC		
	PLANTATION , FL	33324			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office addr			
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, FL	32301	<u> </u>		
change agent was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability com of the limite limited lial	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.		
	nture of a rember or authorized representative of a member	Jill Cil	mi, Authorized Person Printed or typed name of signee		
I here provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If it writing of this change.	ee to act in performan d for in Ch hereby conj	this canacity. I further agree to comply with the		