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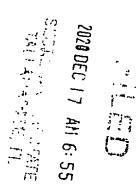
(Requestor's Name)				
(Ad	idress)			
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T PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			

Office Use Only



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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#: 544755/173

Re: SWC WINTER HAVEN 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.

. Na	ame of the limited liability company:	HAVEN L	.LC	
. (a)	514 CYPRESS GARDENS BLVD	(b	2203 N Lo	ois 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)
	WINTER HAVEN, FL 33880		Tampa, Fl	L 33607
	08/27/2018		L18000204	478
	Date of filing/registration in Florida	4.		Document number
. (a)	C T CORPORATION SYSTEM			
. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	• ::
	1200 SOUTH PINE ISLAND ROAD			202
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>u</u>	2020 DEC 1
	PLANTATION, FI	33324		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	_ dress:	in the second se
	Corporation Service Company			
	NEW Registered Office Address: 1201 Hays Street			
	Tallahassee, FI	32301		•
hange gent v vas/we he arti	imited liability company is not organized under the last 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 icles of organization or the operating agreement of the	registere ability co of the lim limited l	ed office and mpany, it is ited liability iability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a rember or authorized representative of a member	Jill (Jimi, Autho	rized Person Printed or typed name of signee
			ta dita a	
rovisi	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete	performa	in trus capa	luties, and I am familiar with and accep

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.

Drose of Know

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