## L18000177972

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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RAROCHS

FEB 02 WE ! 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#: 544755/148

Re: SWC PANAMA CITY 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.

. (a)	411 E 23RD ST (b) 2203 N L			203 N Loi	s Ave M275
. (=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\-/ <u>-</u>		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PANAMA CITY, FL 32401	_	Ta	ımpa, FL	33607
	09/26/2018		L18	0002279	72
(a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		D	ocument number
(a) (b)	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	ADDRE	(SS)		
	PLANTATION Fi	3332	1		i 7
					و <del>ب</del> . ک
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address	<u>y</u> :	છુ સ 12
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, Fl	3230	1		
ange ent v as/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe ability of the le limite	ered of compa imited d liabil	ffice and t any, it is h liability o lity compa	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any.
Signal	ture of a member or authorized representative of a member				zed Person Printed or typed name of signee
herei ovisi e obl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to d perfor ed for it hereby	ict in ti mance i Chap confir	his capac	ity. I further agree to comply with th

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

Division of Corporations P.O. Box 6327 • T.