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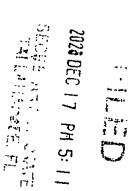
(Requestor's Name)					
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PICK-UP V	VAIT MAIL				
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Certified Copies Ce	ertificates of Status				
Consideration to Filips Of	· · · · · ·				
Special Instructions to Filing Officer:					

Office Use Only



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O SIMMONS



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@cscqlobal.com

Date: December 15, 2020

Order#: 544755/113

Re: SWC LONGWOOD 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.

1. Na	ame of the limited liability company:	DOD L	LC		
2. (a)	1004 S. 17-92 HIGHWAY		(b)	2203 N	Lois Ave M275
2. (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)
	LONGWOOD, FL 32750			Tampa,	FL 33607
	04/17/2019		L	.1900009	99351
3.	Date of filing/registration in Florida	 4.	_		Document number
5 (a)	CT CORPORATION SYSTEM				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Flo	orida I	Dept. of St	ate:
(b) .	1200 SOUTH PINE ISLAND ROAD				: 20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2020 DEC	
	PLANTATION, F	L_333	24	_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Offic	e add	ress:	
	NEW Registered Office Address:	-			
	1201 Hays Street				_
	Tallahassee, F.	3230 L	01		
change agent v was/we	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 icles of organization or the operating agreement of the	e regis iability of the e limit	tered con limited lia	l office a npany, it ted liabil ability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	-			Printed or typed name of signee
provisi the obt to 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 e perfo ed for hereb	act i irmai in Ci y coi	n this cap nce of my napter 60 nfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
	X) roce t-Know				
Signatu	ire of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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