L190000	99363
(Requestor's Name) (Address) (Address)	500355944935
(City/State/Zip/Phone #)	12/17/2001022003 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2021 DEC 17 PH S II SAULT AL AL AL AL
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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#: 544755/112

Re: SWC LONGWOOD BOTANICALS LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$25.

Please take the following action:

<u>XX</u>	File in	n your of	fice	on	a ro	outine	bas	is.
XX	Issue H	Proof of	Filir	ng.				
XX	Return	Regular	Mail	in	the	enclos	sed	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	me of the limited liability company:		FANICALS LLC
(a)	1004 S. 17-92 HIGHWAY	(t	2203 N Lois Ave M275
(-)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	(-	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	LONGWOOD, FL 32750		Tampa, FL 33607
	04/17/2019		L19000099363
	Date of filing/registration in Florida	4.	Document number
(a)	CT CORPORATION SYSTEM		
(4)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		202
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	
	PLANTATION	33324	
	······································	ـــــــــــــــــــــــــــــــــــــ	
(b)			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		
(b)			Idress:
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		Idress:
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Corporation Service Company		

Jill Cilmi, Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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.

Diore t-Kuby

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**