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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@cscglobal.com

Date: December 15, 2020

Order#: 544755/110

Re: SWC LAUDERHILL 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.

1. Na	nme of the limited liability company:SWC LAUDER	RHILL BOTANICALS	LLC	
2. (a)			3 N Lois Ave M275	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited (Note: MAY BE POST	·
	LAUDERHILL, FL 33351	Tampa,	FL 33607	
	06/03/2019	L1900014	0407	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CT CORPORATION SYSTEM			
J. (a)	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of Sta	te:	2021
	1200 SOUTH PINE ISLAND ROAD			2028 DEC
	Registered Office Address (MUST BE FLORIDA STREET	-		
	PLANTATION, F	33324 L	-	6. 43
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	ed Office address:	_	·
	NEW Registered Office Address:			
	1201 Hays Street		_	
	Tailahassee, F	L_32301	_	
change agent was/we the 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 lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office ar liability company, it of the limited liabili	nd the business office of the series is hereby confirmed the ty company or as othe	of the registered at the change(s)
	ture of a member or authorized representative of a member	Jill Cilmi, Auth	orized Person	
Signa	ture of a member or authorized representative of a member		Printed or typed name o	f signee
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act in this cap e performance of my led for in Chapter 60. I hereby confirm that	acity. I further agree duties, and I am fami 5, F.S. Or, if this doct the limited liability co	to comply with the liar with and accept ument is being filed ompany has been
	Draw L-Know			
	re of Registered Agent E. Kriby, Asst. Vice President of Corporation Service Company			

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