L19000207397

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dustress Estimates)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Office Use Only



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12/17/20--01023--007 **25.00



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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#: 544755/089

Re: SWC EDGEWATER 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	me of the limited liability company:	ER LLC		
. (a)	2130 S RIDGEWOOD AVE	_ (b	2203 N I	Lois Ave M275
·· (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)	, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	EDGEWATER, FL 32141	- -	Tampa, f	FL 33607
	08/19/2019		L1900020	7397
. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number
. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD			TIDA DEC
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		
	PLANTATION ,FL	33324		- 1 35
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	iress:	二
	Corporation Service Company			
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee, FL_	32301		_
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility cor f the lim	d office ar mpany, it i ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Sie E aleni	Jill C	Cilmi, Auth	orized Person
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
rovisi he obli o mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address. I he I in writing of this change.	e to act performa for in C ereby co	in this cap ince of my hapter 60. nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Drown J-Know

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