## k19000207405

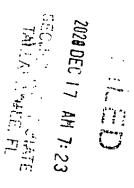
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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O SIMMONS



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#: 544755/162

Re: SWC SARASOTA 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.

Na	ime of the limited liability company: SWC SARASO	TA BOTA	ANICALS LLC
(a)	7394 S TAMIAMI TRAIL	(b	2203 N Lois Ave M275
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34231		Tampa, FL 33607
	08/19/2019		L19000207405
(a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	Document number
(b)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Florida	da Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>s</u>
	PLANTATION , F	L_33324	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	ddress:
	Corporation Service Company		
	NEW Registered Office Address: 1201 Hays Street		
	Tallahassee, Fi	L_32301	
ange ent v is/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 cles of organization or the operating agreement of the	e registere iability co of the lim	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
	Lie E. Cienie	Jill (	Cilmi, Authorized Person
Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee
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 do not this change.	ree to act performed d for in C hereby co	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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

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