## L19000209305

(Rec	uestor's Name)					
(Add	fress)					
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(City	//State/Zip/Phone	: #)				
PICK-UP	☐ WAIT	MAIL				
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(Doc	cument Number)					
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to F	iling Officer:					
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5. YOUNG







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#: 544755/078

Re: SWC CAPE CORAL 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.

I. Na	me of the limited liability company:	RAL BO	OTANICALS	SLLC			
2. (a)	1507 DEL PRADO BLVD S	(b) 2203 N Lois Ave M275					-
. ( <del>u</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/- <u></u>	Mailing address of (Note: MAY B)			
	CAPE CORAL, FL 33990	<del>-</del>	Tampa,	FL 33607			
	08/16/2019		L1900020	9305			
3.	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document nur	nber		
5. (a)							
	Registered Agent and Registered Office shown on the records of 1 1200 SOUTH PINE ISLAND ROAD	the Florio	ia Dept. of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				:	2829 DEC	· ea l
	PLANTATION , FL	33324		<u> </u>		EC 17	
(b)	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company  NEW Registered Office Address:	Office a	ddress:	_		6: 35	*,10
	1201 Hays Street						
				_			
	Tallahassee, FL	32301	<u>.</u> .				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ibility o if the li	red office a company, it mited liabil	nd the business of is hereby confinity ity company or a	office of t med that t	he regist the chang	ered ge(s)
	Xiu E. alini	Jil	Jill Cilmi, Authorized Person				
Signa	ture of a member or authorized representative of a member			Printed or typed	name of sig	nee	
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	ee to ac perforn I for in iereby c	et in this cap nance of my Chapter 60 confirm tha	pacity. I further duties, and I an 5, F.S. Or, if th t the limited liab	agree to n familiar is docume ility comp	comply v with and ent is bei eany has	vith the d accept ng filed been
Signatu Grace	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