M19000005706

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Account#: 120000000088

Date:	07/16/2021						
Name:							
	#:1419453						
Entity Nan	ne:SWNC-BR	ANDON LAKES, LLC					
	cles of Incorporation/Authorization						
Am	endment						
✓ Change of Agent							
☐ Rei	nstatement						
Cor	Conversion						
☐ Merger							
☐ Dissolution/Withdrawal							
☐ Fict	titious Name						
Oth	ner						
Authorized Signature:	d Amount						

F: 800.944.6607

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.

L Na	nme of the limited liability company: SWNC-BR	RANDON LAKE	ES, LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	No Change	No (Change
	June 11, 2019		M19000005706
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM		
(11)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	f State:
	1200 SOUTH PINE ISLAND ROAD		3 6
	Registered Office Address (MUST BE FLORIDA STREET)	T ADDRESS)	FIL 2021 JUL 16 SECRETARY TALLARY
	PLANTATION	_{L_} 33324	FRY OF MI
(b)	COGENCY GLOBAL INC.	To a	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office address:	TH 53
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	_{-L_} 32301	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of themselves in the operating agreement of the	of the registered of Tiability companys of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
			drew Patterson
=	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act in this ie performance of led for in Chapte, I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
	Tim Mayville		
Signatu	re of Registered Agent Tim Mayville, Assistant Sec	cretary	

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