M20000005653

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		Acc#I20160000072	40: () = V		
Name:	SWI Funds Tow	ver Holdings, LLC			
Document #:					
Order #:	15502599				
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Thank you!

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	ame of the limited liability company: SWI FUNDS TO	WER HOL	DINGS, LL	C
. (a)	695 Town Center Dr Ste 600 Costa Mesa, CA 92626	(b)	695 Town (Center Dr Ste 600 Costa Mesa, CA 92626
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		_		
	06/25/2020	-	M200000056	
	Date of filing/registration in Florida	4.		Document number
. (a)	Corporation Service Company			
, ,	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State:	:
				20
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				224
	1201 Hays Street		<u> </u>	1 NO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Tallahassee.	32301		1-19 1024 AFR 19
/L \	C T Corporation System			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			M 9: 33
	NEW Registered Office Address:			
	1200 South Pinc Island Road	· -		
	Plantation, FL	33324		
he cha gent v vas/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist ability cor of the limi	ered office npany, it is ted liability	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in
/s/ R ₂	yan D. Lepene	Ryan	D. Lepene	
Signa	ture of a member or authorized representative of a member	- -		Printed or typed name of signee
rovis he obi o mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	・ ハルドナハドリカノリ	けぐや ひたかいさ	nings, ana i am tamular wuu ana accei
onjie y:	CT Corporation System Jama Statut			
	ire of Registered Agent			

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