F97000004798

| (Requ | estor's Name) | |
|-----------------------------|-----------------|-----------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busir | ness Entity Nam | ne) |
| (Docu | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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03/17/17--01011--007 **35.00



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 15, 2017

Order#: 532186-009

Re: THE YANKEE CANDLE COMPANY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35___.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| • | provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga | • | | | |
|---|---|--|--|--|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. | | | | | |
| 1. The name of t | he corporation: THE YANKEE CANDLI | E COMPANY, INC | <u>. </u> | | |
| • • | office address: | MA 04272 0440 | | | |
| | CANDLE WAY SOUTH DEERFIELD I | | | | |
| 3. The mailing a | ddress (if different): 2381 Executive Ce | enter Drive, Boca | Raton, FL 33431 | | |
| 4. Date of incorp | poration/qualification: 09/15/1997 | Document | number: F97000004798 | | |
| | street address of the current registered tment of State: (If resigned, enter resign | | ed office on file with the | | |
| | CT CORPORATION SYSTEM | | | | |
| | 1200 S PINE ISLAND RD | | 33324 | | |
| | PLANTATION | FL | 33324 | | |
| 6. The name and (if changed): | street address of the new registered ago | ent (if changed) ar | | | |
| | Corporation Service Company | | | | |
| | 1201 Hays Street | | | | |
| | P.O. Box NOT acceptable | | | | |
| | Tallahassee | FL | 32301 | | |
| The street addre | ss of its registered office and the street be identical. | t address of the bu | isiness office of its registered agent, | | |
| Such change was authorized by the | s authorized by resolution duly adopte e board, or the corporation has been no | d by its board of e | directors or by an officer so of the change. | | |
| Signatur | e of an officer or director | Jill Cilmi, Vice | President | | |
| I further agree to performance of agent. Or, if thi hereby confirm | the appointment as registered agent an o comply with the provisions, of all sta my duties, and I am familiar with and s document is being filed merely to ref that the corporation has been notified n Service Company | tutes relative to th accept the obligat lect a change in t | ne proper and complete tion of my position as registered he registered office address, I | | |
| By: Loc | ree Cokuble | 03/10/20017 | D | | |
| _ | half of an entity: | | Date | | |
| Grace E. Kirby, | Asst. Vice President | | | | |
| Ty | ped or Printed Name | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *