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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B FIGUEROA JAN 2 6 2018

COVER LETTER .

TO: Registration Section Division of Corporations							
SUBJECT: Scent Decore Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Peter Burch Name of Person							
Scent Decor CLC Firm/Company							
317 N. Sea Lake Lane Address							
Ponte Vedna Beach, FL 32082 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Peter Burch at (973) 223-1502 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
■ \$55 Filing Fee & Certified Copy							
INHS18 (2/14)							

FL Dept OF STATE

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.

1. Name o	f the limited liability company:	Scent D	econ	LLC		
2. (a)	Scev + Decon Principal office address of limited liabil (Note: MUST BE STREET AD)	ity company:	(b)	failing address of limited (Note: MAY BE POST	-	
	317 N. Sen CAK	e LN				
	Ponte Vedna Ben	ch, FL 3208	32			
3.	02/26/2016 Date of filing/registration in F	lorida 4.	L16	0000401 Document number	709	
5. (a) $\frac{\mathcal{U}}{\text{Regis}}$	N. Leof States Conpetered Agent and Registered Office shown	nAh'on AS	da Dept. of State	~ <u>~</u> ~		
	317 N. Sea CAKE					Ō
_	stered Office Address (MUST BE FLO				: 65	SE(
	bontevector Bench				JAN :	22 22 27
Po	Nte Vedra Beach	FL32	2082		25	FILE ARY CO
(b) 1	Peter Burch				AM	LED LY OF STATE CORPORATIONS
Enter name of NEW Registered Agent and/or NEW Registered Office address:					=	TATE
					100	SKS
NEW	Y Registered Office Address:					
	317 N. Sen CA.	ke Lane				
	onte Vedina Beac		2082			
the change of agent will be was/were au	d liability company is not organize or changes are made, the Florida street identical. Or, in the case of a Flor othorized by an affirmative vote of of organization or the operating ago	reet address of the reg rida limited liability the members of the li	gistered office company, it is mited liability I liability com	and the business off hereby confirmed the company or as other apany.	lice of the nat the cl rwise pr	e registered hange(s)
fate.	Buch		Peten	Bunc L Printed or typed name o	_	
-	a member or authorized representative of					
-provisions o -the obligatio -to merely re	cept the appointment as registered of all statutes relative to the proper ms of my position as registered ag floct a change in the registered off riting of this change.	agent and agree to a and complete perfor ent as provided for it ice address. I hereby	ct in this cape mance of my i Chapter 605 confirm that i	icity. I further agrechaies, and I am fami F.S. Or, if this doc he limited liability c	to compliar with ument is ompany	ply with the a and accept being filed has been
Signature of R	degistered Agent	<u> </u>				