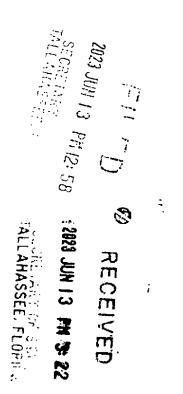
## L2000270884

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:  J. HORNE  JUN 14 2023						

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 812391 8417376

AUTHORIZATION :

CODI DIMIT

ORDER DATE: June 13, 2023

ORDER TIME : 2:07 PM

ORDER NO. : 812391-015

CUSTOMER NO: 8417376

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CHANGE OF AGENT

NAME: SCENTHOUND CORPORATE

STORES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

## 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.	Name of the limited liability company:  SCENTHOUND CORPORATE STORES LLC						
2.	(a)	1070 E. INDIANTOWN RD	(	<b>b</b> )	1070 E. II	NDIANTOWN RD	
	` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- \	.~/_		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		STE 300		:	STE 300		
		JUPITER, FL 33477	-	_	JUPITER,	FL 33477	
		09/08/2020		L2	20000270	884	
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)	VOGEL, TIMOTHY				202 2111	
٥.	(1)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1070 E. INDIANTOWN RD			Section 1		
		Registered Office Address (MUST BE FLORIDA STREET AD) STE 300	DRES	<u>(S)</u>		3 PM 1:01	
		JUPITER FL 3	3477	_	· ·	1:01	
		Enter name of NEW Registered Agent and/or NEW Registered Office  Corporation Service Company  NEW Registered Office Address:			<u>ress</u> .		
		1201 Hays Street					
		Tallahassee, FL	2301				
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re vill be identical. Or, in the case of a Florida limited liabi re authorized by an affirmative vote of the members of t cless of organization or the operating agreement of the lin	gister lity co he lin	ed omp nite	office and bany, it is d liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		Xee & GONE	Jill	Cilr	ni, Author	ized Person	
S	ignati	ure of a member or authorized representative of a member				Printed or typed name of signee	
pro the to t	ovisio obli nere	ny <u>acc</u> upt the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided for the reflect a change in the registered office address. I here in writing of this spange.	to act rform or in ( eby co	t in anc Cha onfi	this capa e of my d pter 605, irm that if	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Sig	natūr	e of Registered Agent Gi	race E	E. K	irby. Asst	. Vice President	

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