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| (Requestor's Name) | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | | |
| (Address) | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | | |
| (Business Entity Name) | | | | | | | | | |
| (Document Number) | | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | | |
|--|----------------------|--|--|--|--|--|--|--|--|
| Scenting.com. LLC SUBJECT: | | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | | |
| Dear Sir or Madam: | | | | | | | | | |
| The enclosed Registered Agent/Registered | Office Change an | d fee(s) are submitted for filing. | | | | | | | |
| Please return all correspondence concerning | g this matter to the | e following: | | | | | | | |
| Kathi Collester | | | | | | | | | |
| Name of Person | | | | | | | | | |
| Scenting.com, LLC | | | | | | | | | |
| Firm/Company | | | | | | | | | |
| 4910 Communication Avenue, Suite 200 | | | | | | | | | |
| Address | | | | | | | | | |
| Boea Raton, Florida 33431 | | | | | | | | | |
| City/State and Zip Coc | de | | | | | | | | |
| kcollester@pr.business | | | | | | | | | |
| E-mail address: (to be used for future | annual report not | ification) | | | | | | | |
| For further information concerning this ma | tter, please call: | | | | | | | | |
| Kathi Collester | 561 at (| 413-0045 | | | | | | | |
| Name of Person | | Area Code & Daytime Telephone Number | | | | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | | |
| Enclosed is a check for the follow | ving amount: | | | | | | | | |
| □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy | | | | | | | | | |

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. 8 | lame of the limited liability company: Scenting.com, LI | LC | | | | | |
|-----------------------------------|--|--------------------------------|--|---|--|-------------------------------|---------------------------|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | 2058 NW Miami Court | | 2058 NW | / Miami Court | <u>nt 1031 0</u> | 11101. | <u> </u> |
| | Miami, FL 33127 | | Miami, F | L 33127 | | | |
| | 10/20/20 | - | L2000033 | 2934 | | | |
| 3 | Date of filing/registration in Florida | 4. | | Document no | umber | | |
| 5. (a | Seibane, Kotlyarov & Associates PLLC | | | | | | |
| (11 | Registered Agent and Registered Office shown on the records of | the Flor | ida Dept. of Sta | ate: | | | |
| | Registered Office Address | <u>ADDRI</u> | ESS) | | است | | |
| | Kissimmee, FI | L_34741 | | - | | 2021 HAY 14 | |
| (b) | Einter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> Kotlyarov Law Offices PLLC <u>NEW Registered Office Address:</u> | | address: | _ | ZEL HÁR ÉLL LÖRIÐÁ | 11 AM 10: 13 | |
| | 4910 Communication Avenue, Suite 200 | | | <u></u> | | | |
| | Boca Raton, FI | 33431 L | | _ | | | |
| chang agent was/v the ar | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registe ability of the l | ered office a company, it imited liabili | nd the business is hereby confi ity company or mpany. ov, Jr., Esq. | s office of irmed that as otherw | the reg the cha ise pro | istered inge(s) |
| _ | ature of a member or aûthorizêd representative of a member | | ent in this con | Printed or type | | - | |
| provi: the ol to me | chy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a chappe in the registered office address, I are in writing of this chappe. | perfor d för ir | mance of miv 1 Chapter 60 | duties, ånd La 5. F.S. Or. if t | ım familia his docum | r with a ent is l | ind accept peing filed |
| Signat | ine of Registered Agent | | | | | | |