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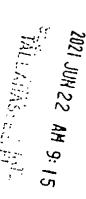
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COVER LETTER

TO: Registration Section Division of Corporations	
AROMA 4 YOU LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Stephen Kruidenier	
Name of Person	
RushFiling, Inc.	
Firm/Company	
PO Box 341490	
Address	
Los Angeles CA 90034	
City/State and Zip Code	
info@rushfiling.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Stephen Kruidenier at	888 634-8316
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 following amo	ount:
■ \$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.

l. Na	une of the limited liability company: AROMA 4 YOU	LLC						
2. (a)	126 VERAZA CT							
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	NOKOMIS. FL 34275	 -	NOKOMIS, FL 34275					
	06/18/2021		2100028392	7	,			
i. i. (a)	Date of filing/registration in Florida SCOTT, GREGORY	4.	Ε	Pocument nur	nber			
. (117	Registered Agent and Registered Office shown on the records of 126 VERAZA CT	the Florida I	Pept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				2021		
	NOKOMIS, FI	34275			野 JUN 22			
(b)	Registered Agent Solutions, Inc.	_			نز	22 AH	errana G Granana Granana	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					99 %	(prem) Neste	
	155 Office Plaza Dr. Suite A					5		
	NEW Registered Office Address:	•						
	Tallahassee F1	32301						
:hange igent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	e registered ability com of the limit limited lia	office and pany, it is l ed liability	the business of the business of the company or a pany.	office of med that	the reg the ch	gistered ange(s)	
Signa	ture of a member or authorized representative of a member			Printed or typed	name of si	gnee	<u> </u>	
rovis) he obl o mer	by accept the appointment as registered agent and agions 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 d in writing of this change.	ree to act in performan ed for in Ch hereby con	i this capac ce of my di apter 605, firm that th	eity. I further dies, and I ar F.S. Or, if th we limited liab	agree to n familia is docum ility com	compler with with the sent is a pany h	ly with the and accep being filed as been	
Signatu	ire of Registered Agent							

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