

CCRS  
103 N. MEADOWS AVE  
TALLAHASSEE, FL 32301  
222-1173

**P00000062237**

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 7-5-00

800003313358--0  
-07/05/00--01089--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

REF. #: 0280

CORP. NAME: Esscents, Inc

EA  
Change

- |                                                      |                                                 |                                                  |
|------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |

☒ OTHER: Change of Reg Agent

FILED  
00 JUL -5 PM 3:46  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

STATE FEES PREPAID WITH CHECK# 8181 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- |                                                |                                                       |
|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS |                                                       |

PLAIN STAMPED COPY

RECEIVED  
00 JUL -5 PM 12:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE REG.  
TALLAHASSEE, FLORIDA

Examiner's Initials

DOE  
7/5/00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Esscents, Inc.
2. The mailing address of the corporation is: 1140 Spyglass, Weston,  
Florida 33326
3. Date of incorporation/qualification: 6/26/00 Document number: P00000062237
4. The name and address of the current registered agent and office:  
Corpsdirect - Agents  
103 N. Meridian St. Lower Level  
Tallahassee, Florida 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Barton S. Strack  
6600 Taft St, Ste 420  
Hollywood, FL 33024

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Sharon Berenfeld-Estevéz  
(Signature of an officer, chairman or vice chairman of the board)

6/30/00  
(Date)

Sharon Berenfeld-Estevéz  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

6/30/00  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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