## PO4000159348

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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	

Office Use Only



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## **COVER LETTER**

Division of Corporations		
SUBJECT: SCENT, Fuc. (Name of Corporation)		
DOCUMENT NUMBER: P04000159348		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
SAM Collins (Name of Contact Person)		
SCENT INC (Firm/Company)		
11342 NW 31 &T Ad		
GAINESVILLE FL 32606  (City/State and Zip Code)		
For further information concerning this matter, please call:		
SAM Collins at (352) 374-8434  (Name of Contact Person) (Area Code & Daytime Telephone Number)		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



April 13, 2006

SAM COLLINS SCENT, INC. 11342 N.W. 31ST ROAD GAINESVILLE, FL 32606

SUBJECT: SCENT, INC. Ref. Number: P04000159348

We have received your document for SCENT, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Statement of Change of Registered Office/Agent form was not attached to the cover letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 306A00025116

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THANCE COULONVION.

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## 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, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: SCENT, FNC  2. The principal office address: 8620-14 NIH 13TH ST  GALEIVILE FL 32663
3. The mailing address (if different):
4. Date of incorporation/qualification: 11 17 04 Document number: Po4000159348  5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:  SAM Collins  8620-14 NIH 13 <sup>TA</sup> 54
GAINESVILLE PL 326338
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    1342 NW 3/51 Ad (P.O. Box NOT acceptable)
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, or the corporation has been notified in writing of the change.  SAM Collins Director  (Printed or typed name and title)
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  (Signature of Registered Agent)
If signing on behalf of an entity:  (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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