(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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08/12/08--01002--026 \*\*60.00

08/12/08--01002--025 \*\*10.00

Called 129 rolled Need 10 More tight

Office Use Only

## **COVER LETTER**

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

· TO:

**Amendment Section** 

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SCENTS & FEEL, INC
2. The principal office address: 1800 NE 114 th 8T # 1106
MIAM, FL 33181
3. The mailing address (if different):
4. Date of incorporation/qualification: 21 25 2008 Document number: P08000009696
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
NICOLE SUISSA
35 NE 92 Street
Miami Shores, FL 33181
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
tenny Haik
1800 NE 114th street # 1106
MIAMI FC 33181
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.
(Signature of gar officer or director)  (Pfinted or typed fame and fule)
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)  (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

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