P10000054193

(Re	questor's Name)					
(Address)						
(Âd	dress)	_				
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
·	•	`				

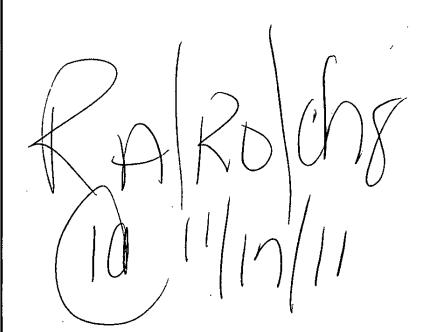
Office Use Only



700214135577

11/16/11--01016--013 **35.00

SECRETARY OF STATE SPINISION OF CORPORATIONS



COVER LETTER

TO:	Amendmen Division of	t Section Corporations					
SUBJI	ECT:	<u> </u>	Scentual S	oaps, Ir	nc		_
			Name of	Corporatio	on		
DOCU	MENT NU	MBER:	P10	000005	6193		
The en	closed Stater	nent of Change	of Registered Offi	ce/Agent a	and fee are su	ıbmitted for	filing.
Please	return all cor	rrespondence co	ncerning this matt	er to the fo	ollowing:		
					•		
			Justin	Bartee			
	-		Name of C	ontact Per	son		_
	'		Firm/C	Company		<u></u>	_
			4644 W Gand	y Blvd U	nit# 161		
	·		Ad	dress		,,	_
			Tampa, City/State	FL 3361 and Zip Co	6 ··· · · ·	<u> </u>	<u>-</u> ' '.
			justin@justi	nbartee.d	com		
	_	E-mail address	: (to be used for	future an	nual report	notification	<u>)</u>
For fur	ther informat	tion concerning	this matter, please	call:			
		Justin Bartee		at (407 ₎	75	6-5332 ephone Number
	Nam	ne of Contact Per	rson	Aı	rea Code & D	Daytime Tele	phone Number
Enclose	ed is a \$35.00	0 check made pa	yable to the Depa	rtment of	State.		
		P.O. Box 6	nt Section f Corporations		Clifton Bu 2661 Exec	nt Section f Corporati	er Circle

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

statement of cha	provisions of sections 607.05 ange is submitted for a corpor	ation organized	under the laws of the State	e of Florida
in orde	er to change its registered offi	ce or registered	agent, or both, in the State	e of Florida.
1. The name of	the corporation: Scentual	Soaps, Inc		
2. The principal	office address: 4644 W. G	andy Blvd Ur	nit# 161	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	2010	Document number:	P10000056193
	d street address of the current rtment of State: (If resigned, e		and registered office on fi	le with the
	127 W Fairbanks Ave	#255		
	Winter Park, FL 32789)		
6. The name and (if changed):	d street address of the new reg	gistered agent (if	changed) and /or registere	11 NOV 16 PM
	Justin Bartee			ORPC
	4644 W. Gandy Blvd L			OF CORPORATION
	Tampa, FL 33616	P.O. Box NOT acce	ptable	
The street address changed will	ess of its registered office an be identical.	d the street addi	ress of the business office	of its registered agent,
Such change was authorized by the	as authorized by resolution of the board, or the corporation	luly adopted by has been notifie	its board of directors or bed in writing of the change	by an officer so
Signatu	re of an officer or director		Justin Barte	
- /	the appointment as register to comply with the provision nd I am familiar with and ac- ing filed merely to reflect a c s been notified in writing of i	ed agent and ag is of all statutes cept the obligati hange in the ret this change.	**	
1			11/14/20	011
Sig	nature of Registered Agent		Date	
If signing on be	chalf of an entity:			
 				
Т	yped 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 * * *