

P12000046880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

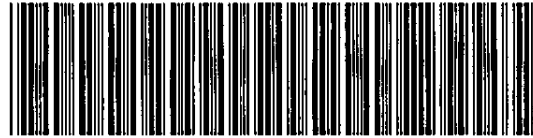
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APPROVED
AND
FILED
14 APR 21 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 28 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Olfactory Company
Name of Corporation

DOCUMENT NUMBER: P12000046880

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:

RICK LEWINGER
Name of Contact Person

BLECKER, LEWINGER + CO.
Firm/Company

5300 West Hillsboro Blvd Ste 104
Address

Coconut Creek, FL 33073
City/State and Zip Code

olfactorycompany@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER ARMSTRONG at 305, 409 6076
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

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: The Olfactory Company
2. The principal office address: 3444 MAN HWY STE 17
MIAMI, FL 33133
3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 18, 2012 Document number: P12000046880
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

AXMAN, MICHAEL B
255 ALHAMBRA AVE STE 320
Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RICK M LEWINGER CPA
5300 West Hillshore Blvd. Ste 104
P.O. Box NOT acceptable
Coconut Creek, FL 33073

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 an officer or director

Jennifer Armenty President
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

4/17/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

14 APR 21 PM 2:43

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