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Amendliane

JAN 13 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: Midnig	nt Light 19150000	Candles, Inc 144809
The enclosed Articles a	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Dustin	Soehm Name of Contact Person	n
-	6850	Firm/Company Atlanta S	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
,	Harywoo	Address City/ State and Zip Cod	
	Dustinboe	•	gmail. Com
For further information	concerning this matter, pleas	se call:	
		at ()
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

Articles of Amendment

	to Articles of Incorporation	r. Er.	14/12 M
	of		To AM
Midnight Light	Candies In	C.	S85 2.
	poration as currently filed with t	he Florida Dept. of State)	5.199
F	21500D0448	709	
	Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profe	it Corporation adopts the following	amendment(s)
A. If amending name, enter the new name of	the corporation:		
Sixth Scent	STOC	5	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A prof	y," or "incorporated" or the abb	breviation
B. Enter new principal office address, if app			
(Principal office address MUST BE A STREE	<u>T ADDRESS</u>)	1/2	
		\mathcal{O}_{ℓ}	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		4/0	
D. If amending the registered agent and/or r new registered agent and/or the new regis		a, enter the name of the	
Name of New Registered Agent			
	0/12		
-	(Florida street address)		
	2112		
New Registered Office Address:	(City)	, Florida (Zip Co	
New Registered Agent's Signature, if changir I hereby accept the appointment as registered a		pt the obligations of the position.	
	NIA	·	
	Signature of New Registered Age	ent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	. V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	7	Heather Henry	7271 La Croix
Add Remove			Dr Honywood, FL 33024
2) Change	1	Jose Valle	6850 Atlanta
Add Remove		·	ST Honywood FL, 33024
3) Change Add Remove	<u>V</u>	LDRENA CANDEMERES	420 NW 92 AUE PEMBEOXE PINES = 33024
4) Change	<u>P</u>	Dustin Boehm	6850 Atlanta ST, Hornewood
Remove			FL 33024
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	y). (Be specific)	(s) here:		
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	}			
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<u>.</u>				
			4	
an amendment provides for an e rovisions for implementing the a	xchange, reclassificati mendment if not cont	ion, or cancellation	on of issued shi adment itself:	ires,
(if not applicable, indicate N/A))			
				
			<u> </u>	
	<u> </u>			
	2			
~	2			

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after amendn	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	oval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
21/29/16	
Dated \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Signature	_
(By a director, president or other officer in directors or o	
selected, by an incorporator - if in the hands of a receiver	, trustee, or other court
appointed fiduciary by that fiduciary)	
Dustin Boehn	<u></u>
(Typed or printed name of person signi	ng)
Treasurer	·
(Title of person signing)	