## 569981

(Re	equestor's Name)	
(Ad	ddress)	
(Aa	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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TO HAY OF STATE OF ST

Rx Change



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: May 5, 2020

Order#: 278795/010

Re: SCENTS OF WORTH, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of change is submitted for a corporation organ in order to change its registered office or register	ized under the laws of the State of FL		
1. The name of the corporation: SCENTS OF WORTH, II	NC.		
2. The principal office address: 35 Sawgrass Drive Suite	#2, BELLPORT, NY 11713		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 07/26/1991	Document number: S69981		
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	= -		
CORPORATE CREATIONS NETWOR	RK INC		
801 US HIGHWAY 1			
NORTH PALM BEACH, FL 33408	NORTH PALM BEACH, FL 33408		
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office		
Corporation Service Company			
1201 Hays Street			
P.O. Bo	NOT acceptable		
Tallahassee	FL 32301		
Tallahassee  The street address of its registered office and the street as changed will be identical.  Such change was authorized by resolution duly adopted the control of the board are the control of the board.	address of the business office of its registered agent.		
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so		
bush lu	Michael Anderson, CFO		
Signature of an officer or director	Printed or typed name and title		
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obl document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company	utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the		
By: Drace L-Knby	05/05/2020		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Grace E. Kirby, Asst. Vice President			
Typed or Printed Name  * * * FILLING FI	FF. 635 00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)