

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003169

Entity Name: SCENTSABILITY MICRO-ENTERPRISE, INC.**Current Principal Place of Business:**11480 SAMPLE ROAD
CORAL SPRINGS, FL 33065**Current Mailing Address:**11480 SAMPLE ROAD
CORAL SPRINGS, FL 33065 US**FEI Number:** 45-4940297**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SCHMIDT, BONNIE
503 NORTHWEST 118TH WAY
CORAL SPRINGS, FL 33071 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|-------------------------|
| Title | D, P, T |
| Name | SCHMIDT, BONNIE |
| Address | 503 NORTHWEST 118TH WAY |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

| | |
|-----------------|------------------------|
| Title | EXECUTIVE DIRECTOR, VP |
| Name | ANDERSON, DENISE |
| Address | 11480 SAMPLE ROAD |
| City-State-Zip: | CORAL SPRINGS FL 33065 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | ALZATE, NAOMI |
| Address | 11480 SAMPLE ROAD |
| City-State-Zip: | CORAL SPRINGS FL 33065 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE SCHMIDT**DIRECTOR****02/10/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date