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.

DIRECTOR

SIGNATURE: BONNIE SCHMIDT

Electronic Signature of Signing Officer/Director Detail

Entity Name: SCENTSABILITY MICRO-ENTERPRISE, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

11480 SAMPLE ROAD CORAL SPRINGS, FL 33065

DOCUMENT# N12000003169

### **Current Mailing Address:**

11480 SAMPLE ROAD CORAL SPRINGS, FL 33065 US

## FEI Number: 45-4940297

### 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

# Officer/Director Detail :

Title	D, P, T	Title	DIRECTOR, VP
Name	SCHMIDT, BONNIE	Name	ANDERSON, DENISE
Address	503 NORTHWEST 118TH WAY	Address	11480 SAMPLE ROAD
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33065
Title	SECRETARY		
Name	ALZATE, NAOMI		
Address	11480 SAMPLE ROAD		

FILED Jan 17, 2020 Secretary of State 4289893581CC

Certificate of Status Desired: Yes

01/17/2020 Date

Date