L1500000033a

(Re	questor's Name)						
(Address)							
(Ad	dress)						
(Cit	ry/State/Zip/Phone	: #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nam	ne)					
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
	•	Ė					
·							





100274733461

07/13/15--01004--009 **25.00

FILED

15 JUL 13 PH 4: 36

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: REV-PEI, LLC								
Name of	Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this ma	atter to the following:							
DAVID REUNELTA								
Name of Person								
REV-DEL, LLC Firm/Company								
, Firm/Company								
13241" BARTRAM PARK. BLUD Address JACKSONVILLE FL 322. City/State and Zip Code								
The David of Company Com								
E-mail address: (to be used for future annual in	report notification)							
For further information concerning this matter, plea	ase call:							
DAVID REVUELTA a	1(904) 707 - 0777							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

rioria	u.						
1. N	ame of the limited liability company: $REU - PE$	=1, 11	,C				
2. (a)	13241 BARTRAM PARK #1601 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>-</u>	Mai	BAETR AM ling address of li Note: MAY BE	mited liabil	ity compan	#160 y:
	JACKSONVILLE, FC 3225B		JACKS	onulle, f	-L 37	2258	
	1/2/2015		L1	50000	003	32_	
3.	Date of filing/registration in Florida	4.		ocument num			
5. (a)	Registered Agent and Registered Office shown on the records of the 1201 HAYS ST Registered Office Address (MUST BE FLORIDA STREET AD	: Florida D					
(b)	,,	ffice addr			SCALE IS PA	FILED	
	13241 BARTRAM PARK BLUD NEW Registered Office Address:	#	1601	T COLOR	# 4: 36	•	
	JACKSONVILLE, FL	3225	B				
the ch agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liabers.	ne registe ility com the limite	red office a pany, it is hed liability c bility compa	nd the busines ereby confirm ompany or as my.	ss office of that the otherwise	of the regi ne change	stered (s)
Sten	hare of a member or authorized representative of a member		DAVID	REVUE		ee	
I here provis the obto men notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided j ely reflect a change in the registered office address, I he d in writing of this change.	e to act in erforman for in Ch reby con	ı this capaci	itv. I further a	igree to c	omply wi	th the accept g filed een