## KXX000344433

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Duginaga Entity Nama)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

Office Use Only



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**Registration Section** 

**Division of Corporations** 

I am submitting a Statement of Change in Registration for a Registered Agent. This is actually a name correction. DBPR is requiring that I register using my full name so that it matches up with their records for my Brokers License (as it appears on my driver's license rather than the middle name I use for everything else in my life)

Please call if you have any questions.

Mary Révollo

843-592-2269

## **COVER LETTER**

TO: Registration Section Division of Corporations				
Revollo Realty SUBJECT:				
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Mary Revollo				
Name of Person				
Revollo Realty				
Firm/Company				
1216 Fulton Cr				
Address				
Titusville FL 32780				
City/State and Zip Code	2			
maryrevollo3@gmail.com				
E-mail address: (to be used for future a	innual report notification)			
For further information concerning this matt	er, please call:			
Mary Revollo	843 592-2269 at ( )			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following	ing 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.

1. Na	une of the limited liability company: Revollo Realty LLC	C	
2. (a)	1216 Fulton Cr. Titusville FL 32780	(b) 121	6 Fulton Cr. Titusville Fl. 32780
Z. (W)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (",	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	August 4, 2022		00344423
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Mary Revollo  Registered Agent and Registered Office shown on the records of the	. of State: 5 <sup>‡</sup> ≈	
	Registered Office Address	2022 AUG 18	
	Titusville	32780	18 AM 9:
(b)	Enter name of NEW Registered Agent and/or NEW Registered Control of Ne	Office address:	<u></u>
	NEW Registered Office Address:		
	1216 Fulton Cr		
	Titusville .FL	32780	
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the rwill 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 law are of a member or authorized representative of a member	registered off bility compar f the limited l imited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company
I here provisi the obj	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change  Lich Dack Volents  The of Registered Agent	oo to act in th	is canacity. I further auree to comply with the