

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA
Account Number : I20080000085
Phone : (770) 777-2091
Fax Number : (770) 220-1943

MAR 26 2014

R. WHITE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

ehart@sgrlaw.com

REGISTERED AGENT CHANGE
REVOLVE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

14 MAR 25 PM 4:51

FILED

14 MAR 27 PM 12:55

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Revolve, Inc.

Name of Corporation

DOCUMENT NUMBER: F07000006111

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Elissa Hart

Name of Contact Person

Smith, Gambrell & Russell, LLP

Firm/Company

1230 Peachtree St., Suite 3100

Address

Atlanta, GA 30309

City/State and Zip Code

ehart@sgrlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elissa Hart

at 404 815-3500

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0302, 607.0303, 607.0304, or 607.0305, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Revolve, Inc.
2. The principal office address: 1230 Peachtree St., Suite 3100, Atlanta, GA 30309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/13/2007 Document number: F07000006111
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.1200 South Pine Island RoadPlantation, FL 33324

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Steven E. Brustc/o Smith, Gambrell & Russell, LLPBank of America Tower, 50 North Laura St, Ste 2600P.O. Box, N.D. acceptableJacksonville, FL 32202

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or directorHans-Michael Kraus - SecretaryPrinted or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered AgentDate

If signing on behalf of an entity:

STEVEN E. BRUSTTyped or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CRPD015103123

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14 MAR 25 PM 12:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE