

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

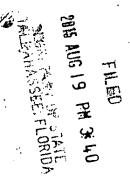
Office Use Only



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06/19/15--01021--013 **35.00

Change







CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

477

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: August 17, 2015

Order#: 737085-021

Re: REVOLV, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporation ir to change its registered office or	organized under the la	tws of the State of $ begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	/irginia	
1 The name of:	the corporation: REVOLV, INC.				
2. The principal	office address: 5415 Airport Road	, Roanoke, VA 24012			
3. The mailing a	address (if different): 4818 Starkey	Road, S.W., Roanoke	, VA 24018		
4. Date of incorp	poration/qualification: 07/01/2011	Document	number: F110000	02713 ,	
	d street address of the current regis rtment of State: (If resigned, enter		ed office on file wi	th the Park Mig 19 Par 3 40	
	REGISTERED AGENT SOLUTION	ONS, INC.	' 9.	60 7	
	155 OFFICE PLAZA DR.			9 (8)	
	TALLAHASSEE	FL	32301	200 03	
6. The name and (if changed):	d street address of the new register	ed agent (if changed) ar	nd /or registered off	ice of	
	Corporation Service Company				
	1201 Hays Street				
P.O. Box NOT acceptable					
	Tallahassee	FL	32301		
The street addreas changed will	ess of its registered office and the be identical.	street address of the bu	usiness office of its	registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of een notified in writing	directors or by an o of the change.	officer so	
_()	26 2	Dona Priebe		Vice President	
I hereby accept I further agree i performance of agent. Or, if th hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the carporation has been not in Service Company	ent and agree to act in Il statutes relative to the and accept the obliga to reflect a change in t	he proper and comp tion of my position he registered office	olete as registered	
By: I have	- Tokubi	08/07/2015			
	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Assistant Vice President				
T	yped or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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