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(Requestor's Name)						
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Special Instructions to Filing Officer:						

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DEC 14 2016 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations		•						
SUBJI	ECT: REVELATIONS TWENTY-T	WO, LLC							
Name of Limited Liability Company									
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offi	ce Change and	d fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	s matter to the	e following:						
Donn	a Bertucci								
	Name of Person								
Corp	orate Direct, Inc								
	Firm/Company								
2248	Meridian Blvd. Suite H								
	Address	,	112 y yell som pay in the						
Mind	en, NV 89423	* . ;							
•	City/State and Zip Code								
info@	gcorporatedirect.com								
I	E-mail address: (to be used for future ann	ual report not	ification)						
For fu	rther information concerning this matter,	please call:							
Donr	na Bertucci	775	782-2201						
	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							
W.S.	Enclosed is a check for the following	g amount:							
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy						
INHS	18 (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.	N	ame of the limited liability company: REVELATIO	NS TV	/ENTY-TW	O, LLC
					Mailing address of limited liability company:
	• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ŋ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1506 GRANGER ROAD		3030 N.	Rocky Point Drive, STE 150A
		MEDINA, OH 44256		TAMPA,	FL 33607
		09/10/2003		L0300003	34312
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)			
	ζ	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	- 2:
		_			
		Registered Office Address (MUST BE FLORIDA STREET			
		1037 Greystone Lane			_
		Sarasota	L 3423	2	
		, P.	<u>. </u>		-
	(b)	Enter name of NEW Registered Agent and/or NEW Registere			_
		Enter name of NEW Registered Agent and/or NEW Registere	d Office	nddr <u>ess</u> :	
		REGISTERED AGENTS INC.			
		NEW Registered Office Address:		1-10-11-11	-
		3030 N. Rocky Point Drive, STE 150A			
					-
		Tampa, F	L_3360	07	_
th ag w	e ch gent as/v e ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the street of the stree	of the re liability of the l	gistered offic company, it i imited liabilit	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in a pany. A Bettucci
	_	nature of a member or authorized representative of a member			Printed or typed name of signee
th to	rovi ie oi me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided in the registered office address, and in writing of this change.	te perfor led for it I hereby	mance of my n Chapter 60. confirm that	lacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
S	igna	Bill Havre/Assistant Section of Registered Agent	Lietary		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00