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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Revved Up Marketing LLC	•		
		ne of Limite	d Liability Company	
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	fice Change	and fee(s) are submit	ted for filing.
Please	e return all correspondence concerning th	is matter to	the following:	
Stace	ey Buchanan Vevers			
	Name of Person			
Revv	ed Up Marketing LLC			
	Firm/Company			
212 \	W. New Haven Ave.			
	Address		 	
Melb	ourne, FL 32901			
	City/State and Zip Code			
stace	ey@revvedupmarketing.com			
	E-mail address: (to be used for future and	nual report n	otification)	
For fu	rther information concerning this matter	, please call:		~ <i>(</i>
Stace	ey Buchanan Vevers	321 at (- 508-5225-	508-5234
	Name of Person		Area Code & D	aytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	tions
	Enclosed is a check for the following	g amount:		
	■ \$25 Filing Fee		1 \$55 Filing Fee & C	ertified Copy
INHSI	8 (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.

Name	of the limited liability company: Revved Up M	arketing LL(C
	2 W. New Haven Ave.	(b) N/A	1
\-'/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	12 W. New Haven Avenue	N/A	
M	Melbourne FL 32901	N/A	1
09	9/23/2014	L140	000148776
(a) St	Date of filing/registration in Florida tacey K. Hammer	4.	Document number
Re	gistered Agent and Registered Office shown on the records of t 12 W. New Haven Ave.	of State:	
	egistered Office Address (MUST BE FLORIDA STREET A	MINDEC 26	
M	Melbourne , FL	32901	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(D)	acey Buchanan Vevers		THE 26 PH I
	iter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 12 W. New Haven Ave.	Office address:	MINDEC 26 PH # 13 PALLAHASSEE, FLORIDA
NI NI	EW Registered Office Address:		
2	12 W. New Haven Ave.		
M	Melbourne , FL	32901	
e change ent will as/were e article Signature hereby covisions e obliga merely	ted liability company is not organized under the law e or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of organization or the operating agreement of the of a member or authorized representative of a member accept the appointment as registered agent and agree at the appointment as registered agent as provided reflect a change in the registered office address. It is writing of this change.	the registered ability compared the limited I	office and the business office of the register iv, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signee is canacity. I further agree to comply with the

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

Signature of Registered Agent