

121000049673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

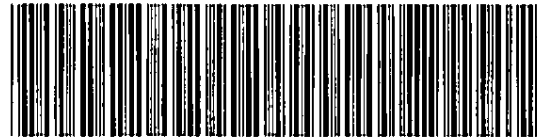
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

12/6/2022

COVER LETTER

TO: Registration Section
• Division of Corporations

REVELATION MANAGEMENT, LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Romano

Name of Person

REVELATION MANAGEMENT, LLC

Firm/Company

5285 NW DUNN ROAD

Address

PORT SAINT LUCIE, FL 34983

City/State and Zip Code

JROMANOPSI. @GMAIL.COM

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

For further information concerning this matter, please call:

JASON ROMANO 772 203-5565

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

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

REVELATION MANAGEMENT, LLC

1. Name of the limited liability company: _____
5285 NW DUNN RD
5285 NW DUNN RD
2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

PORT SAINT LUCIE, FL 34983

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PORT SAINT LUCIE, FL 34983

02/09/2021

L21000049673

3. Date of filing/registration in Florida 4. Document number
UNITED STATES CORPORATION AGENTS, INC.

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. SEMORAN BLVD.
SUITE 36

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

ORLANDO 32822
_____, FL _____

JASON ROMANO

- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5285 NW DUNN RD

NEW Registered Office Address:

PORT SAINT LUCIE 34983
_____, FL _____

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SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

JASON ROMANO

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent