## L21000276357

(Requestor's Name)					
(Address)					
(Address)					
(1001000)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(===mood =man, reame)					
(Document Number)					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ect.	14.C	
30031		f Limited	Liability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered Office (	Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to th	ne following:
	David Glassman		
	Name of Person		
	Revivafy, LLC		
	Firm/Company	<del></del>	
	3996 Sandy Bluff Dr. West		
	Address		
	Gulf Breeze, FL 32563		
	City/State and Zip Code		<del></del>
	glassmands@gmail.com		
E	-mail address: (to be used for future annual	report no	ification)
For fur	ther information concerning this matter, plea	ise call:	
		850 t (	)
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amo	ount:	
	■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHSIS	3 (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.

l. Na	nme of the limited liability company:Revivafy	LLC	
2. (a)	3996 Sandy Bluff Dr. West	(b)	3996 Sandy Bluff Dr. West
,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Gulf Breeze, FL 32563		Gulf Breeze, FL 32563
	June 14, 2021		1.21000276357
<b>3</b> .	Date of filing/registration in Florida	4.	Document number
5. (a)	Jeremy Clarke		
	Registered Office Address (MUST BE FLORIDA STREET 114 Highpoint Drive	ADDRESS)	<b>20</b>
	Gulf Breeze	32561	SECRETARY ALTHASS
	,FL	·	OCT 12 P
(b)			28.88 LS
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	75 PM 12
	David Glassman		- 15 15 N
	NEW Registered Office Address:		on
	3996 Sandy Bluff Dr		
	Gulf Breeze , FL	32563	
hange gent w as/we ne artic	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	registered off ability compan of the limited 1	ice and the business office of the registered ny, it is hereby confirmed that the change(s) lability company or as otherwise provided in ty company.  David Glassman
	ure of a member authorized representative of a member		Printed or typed name of signee
1	ey accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a things of the registered office address. It is writing of this change	ee to act in thi performance of I for in Chapto sereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
ıgnanır	e of Registered Agent		
	Division of Corporations P.O. I	3ox 6327 <b>•</b> Ta	llahassee, FL 32314

FILING FEE: \$25.00