Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000138063 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

r41	Address:			

LLC REGISTERED AGENT CHANGE MOTLEY'S CREW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

0 တ်

Electronic Filing Menu Corporate Filing Menu

Help

(((H22000138063 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursut submit Florid	is the following statement in orde	5.0114 or 603.0116, a or to change its regis MOTLEY'S CF	stered office or register	dersigned limited liability company red agent, or both, in the State of		
1. Na	me of the Limited Liability Company		REVV, LLO			
2 (a)	59 CAMPBELL ST	<u> </u>	_(b) 3723 E Сс	ounty Hwy 30A		
Z. (-)	Principal office address of limited (Note: MUST BE STREE		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SEAGROVE BEACH, F	L 32459	Santa Ros	a Beach, FL 32459		
	07/28/2021		L21000346			
3.	Date of filing/registration	in Florida	4. Docu	iment number		
5. (a)	THOMPSON, JEFFRE Registered Agent and Registered Office a 3723 E County Hwy 30 Registered Office Address CHUSI BE	hown on the records of the	<u></u>			
	Santa Rosa Beach		32459	2022 APR 8		
(b)		Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	515 East Park Avenue 2nd		PH 2:			
	NEW Registered Office Address:			27		
	Tallahassee		32301			
the cha agent v was/w	limited liability company is not organge or changes are made, the Flori will be identical. Or, in the case of ere authorized by an affirmative voicles of organization or the operatir	da street address of the Florida limited liab te of the members of	he registered office and sility company, it is here the limited liability com	the business office of the registered by confirmed that the change(s) pany or as otherwise provided in		
	Maffix W Foras.		Matthew Foran	de la companya de la		
_				ed or typed nume of signee I further agree to comply with the i, and I am Jamiliar with and accept Or, if this document is being filed mited liability company has been		
್ತಿ	m Porlati	Brian Ra	adecki, Assistant Se	ecretary on		
Signati	ire of Registered Agent	behalf o	f Capitol Corporate	Services, Inc.		

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