

1123000011750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

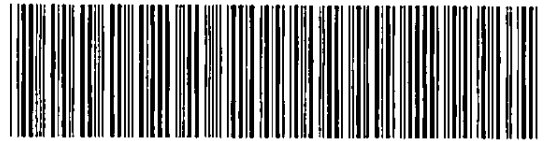
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400433798214

RECEIVED
AUG 20 AM 9:54
STATE
TALLAHASSEE, FL

RECEIVED
AUG 20 PM 3:49
STATE
TALLAHASSEE, FL

R. HUNT

08/20/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 553786

AUTHORIZATION :

COST LIMIT : \$ 25.0

8387406
[Signature]

ORDER DATE : July 16, 2024

ORDER TIME : 9:41 AM

ORDER NO. : 553786-005

CUSTOMER NO: 8387406

FOREIGN FILINGS

NAME: REVELATION WHOLESALE LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revelation Wholesale LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelby Owens

Name of Person

Revelation Wholesale LLC

Firm/Company

9777 Pyramid Ct Ste 230

Address

Englewood, CO 80112

City/State and Zip Code

sowens@revelationwholesale.net

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

For further information concerning this matter, please call:

Shelby Owens

Name of Person

at (321) 461-3184

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 amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FL REVELATION WHOLESALE LLC

Enter new principal office address, if applicable: 497 State Rd 436 Suite 115

(Principal office address
MUST BE A STREET ADDRESS) Casselberry, FL 32707

Enter new mailing address, if applicable: 497 State Rd 436 Suite 115

(Mailing address
MAY BE A POST OFFICE BOX) Casselberry, FL 32707

2. The Florida document number of this limited liability company is: 120000000195

3. Jurisdiction of its organization: Division of Corporations

4. Date authorized to do business in Florida: 9-14-2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Revelation Wholesale LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Shelby Owens

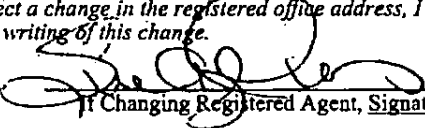
New Registered Office Address: 497 State Rd 436 Suite 115

Enter Florida Street Address

Casselberry City, Florida 32707
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


If Changing Registered Agent, Signature of New Registered Agent


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
National Director of Wholesale	Shelby Owens	497 State Rd 436 Suite 115 Casselberry, FL 32707	<input checked="" type="checkbox"/> Add
		William Skinner	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2020 JUN 20 AM 9:50
CLERK OF STATE
TAMPA, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative
Shelby Owens
Typed or printed name of signee

Filing Fee: \$25.00