## N22000006557

(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:	
lmil	
∤ Office Use Only	



200419287462

11/27/23--01035--009 \*\*85.00

2023 NOV 27 PH 12: 33

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ Name	ECT: HOUSE OF REVIVAL COPPORATION of Corporation
DOCU	JMENT NUMBER: N22,00000 6557
The cr	belosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Ho Firm/C	and City, Florida, 32.404  Tate and Zip Code  June of Gothoune Com  June of Gothour of Gothour Com  June of
For fu	rther information concerning this matter, please call:
<u> </u>	Name of Contact Person at 1972 922 8184  Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee. FL 32314

P.O. Box 6327

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HOUSE OF REVIVAL COR PORATION
2. The principal office address: 6917 Min Chew Ct,
Panama city, Florida, 32404
3. The mailing address (if different):
4. Date of incorporation/qualification: 65 06 2022 Document number: N2200006557
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Rosigned.
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):
Gael GOHOLINGO
HOUSE OF REvival Corporation.  P.O. Box NOT acceptable
6917 Minchow Ct, Panama city, FL 32404 3
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Gael Gotolna (Airector)  Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent  11 20 2023  Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)