P1000068074

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(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

REVIVE 60 INC	
SUBJECT: Name of Corporat	ion
P10000068074	
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
lleana Bello	
Name of Contact Pe	erson
Revive 60 INC	
Firm/Company	,
4540 SE 120 St	
Address	
Belleview FL 34420	
City/State and Zip	Code
revive60inc@gmail.com	
E-mail address: (to be used for future a	innual report notification)
For further information concerning this matter, please call:	
	352 208-6465
Name of Contact Person) Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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
Revive 60 INC 1. The name of the corporation: 4540 SE 120 St, Belleview FL 34420 2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: O8/18/2010 Document number: P10000068074
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) Ileana Bello
2921 SE 29 St
Ocala FL 34471
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4540 SE 120 ST
Belleview FL 34420
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 am officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Printed or typed name and file
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.
Alerra Belly Signature of Registered Agent
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *