P96000001074

(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:	
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Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations	•
SUBJI Name	ECT: of Corporation	
DOCU	JMENT NUMBER:	
		d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Daniel	P. Riemer	
	of Contact Person tions, Inc	
	Company keechobee Blvd #4-203	
Addres West Pa	ss alm Beach, Florida 33411	
City/S	tate and Zip Code dan@southfloridapi.com	
E-mai	l address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter, p	please call:
Daniel	Riemer	at () 557-6111 Area Code & Daytime Telephone Number
	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 Division of Corporations	Street Address: Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508. or 617.1508. Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida recognition or registered agent, or both, in the State of Florida.			
1. The name of t	Revelations, Inc he corporation: 7750 Okeechobee Blvd, #4-203, West Palm Beach, Fl 33411 office address:			
3. The mailing a	ddress (if different): 01/04/1996 P96000001074 poration/qualification: Document number:			
4. Date of incorp	poration/qualification: Document number:			
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) Daniel P. Riemer			
	10130 Northłake Blvd #214-294			
	West Palm Beach, Fl 33411			
6. The name and street address of the new registered agent (if changed) and /or registered office: 58 (if changed):				
	7750 Okeechobee Blvd, #4-203, West Palm Beach, Fl 33411			
P.O. Box NOT acceptable				
	see of its registered office and the street address of the business office of its registered agent			
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.			
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.			
v	ed V. Dieme DANIEZ P. RIEMEN PRESIDENT			
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of Lam familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the specific change in the change.			
Sign	nature of Registered Agent 11/03/2023			
	half of an entity:			
T	yped 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 * * *