## P99000108075

PIERCE & LEMONIDIS, P.A.

Attorneys at Law
709 S. Harbor City Blvd., Suite 230
Melbourne, Florida 32901

City/State/Zip

Phone #

500003155105--9 -03/02/00--01093--011 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)	SECR MA
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☐ Walk in ☐ Pick up time	Cer	tified Copy
☐ Mail out ☐ Will wait	☐ Photocopy ☐ Cer	tificate of Status
NEW FILINGS	AMENDMENTS	and the company of th
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	RA(RO
	Exam	iner's Initials

CR2E031(7/97)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 13, 2000

Pierce & Lemonidis, P.A. Attorneys at Law 709 S. Harbor City Blvd., Suite 230 Melbourne, FL 32901

SUBJECT: REVELATION PRESS, INC.

Ref. Number: P99000108075

We have received your document for REVELATION PRESS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted does not contain all of the requirements for changing the registered agent/office. Enclosed is the appropriate form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6901.

Susan Payne Senior Section Administrator

Letter Number: 400A00013774

NO MAR 27 AN 9: 17
SIVISION OF CORFORATIONS

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Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

March 22, 2000

Reference: Change of address for corporation

Be advised that the address for Revelation Press, Incorporated has been changed from 1611 South Apollo Blvd, Melbourne Fl 32901. The current address is now 340 Lynn Avenue, Satellite Beach, Florida 32937. The original Articles of Incorporation are enclosed for your reference. Please notify me of this change as quickly as possible so that I may obtain my occupational license in Satellite Beach.

Thank you for your attention to this matter.

Martha I. Dixon, President

Revelation Press, Inc. 340 Lynn Avenue

Satellite Beach, Fl 32937

321 - 779 - 7888

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607. undersigned corporation organized under the laws of the State of	1508, or 617.1508, Florida Statutes, the
submits the following statement in order to change its registered	office or registered agent, or both, in the
State of Florida.	
1. The name of the corporation : Revelation Press	, Inc.
2. The mailing address of the corporation: 340 Lynn Avenue	e -
Satellite Beac	h, FL 32937
3. Date of incorporation/qualification: 12/13/99	Occument number: P99000108075
4. The name and address of the current registered agent and regist	ered office:
Julie Glocker Pierce, Attorney	at Law
1090 N. Highway AlA, Suite B	₹ <sub>0</sub>
Indialantic, FL 32903	
5. The name and address of the new registered agent (if changed)	and /or registered office (if changed)
Martha Dixon	and /or registered office (if changed)
340 Lynn Avenue	PH 2:
Satellite Beach, FL 32937	FIATE ORIE
The street address of its registered office and the street address agent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its lauthorized by the board.	ooard of directors or by an officer so
(Illustra I)	
(Signature of an officer, chairman or vice chairman of the board)	2/17/00 (Date)
	()
Martha Dixon, President (Printed or typed name and title)	
Having heen named as registered agent and to accept service o	f process for the above stated
corporation, I hereby accept the appointment as registered age	nt and agree to act in this capacity.
corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes rela performance of my duties, and I am familiar with and accept the registered agent.	ive to the proper and complete e obligation of my position as
(Signature of Registered Agent)	3-22-2000
f signing on behalf of an entity:	(Date)
·	
(Typed or Printed Name)	(Capacity)

CR2E045(8/99)

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