N1300000 1900

(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:					
J. HORNE					
J. HORNE APR - 8 2024					

Office Use Only



000425697640

03/18/24--01006--009 **35.00



COVER LETTER

cc/Agent and fee are submitted for filing.			
er to the following:			
			
· 			
			
ort notification)			
call:			
at (954) 552-9960			
at (954) 552-9960 Area Code & Daytime Telephone Number			
rtment of State.			
Street Address:			
Amendment Section			
Division of Corporations The Centre of Tallahassee			
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

			92, 607,1508, or 617.1			this	
_	-	-	nized under the laws o tered agent, or both, ir	·			
			· ·	i ine siate of F	107144.		
1. The name of t	the corporation: The V	ocation Depot, Inc	•				
2. The principal	office address: 2076 S	eawind Dr., Indiala	ntic, FL 32903				
3. The mailing a	ddress (if different): _			-			
4. Date of incorp	poration/qualification:	2/26/2013	Document num	ber: <u>N1300000</u>)1900		
	I street address of the comment of State: (If resi	_	agent and registered of cd)	fice on file wit	th the		
	Eric Husby				_		
	306 South Blvd., Tam	pa, FL 33606					
6. The name are	Letrout addrage of the	navy ranistared autom	ent (if changed) and /o	r ragiotarad off	īca		
(if changed):		new registered age	ant (ii changed) and 70i	registered off	ice		
	Frank A Farinella Jr.						
	2076 Seawind Ct., Ind	lialantic, FL 32903					
		P.O. Bo	x NOT acceptable		3 - 51	20:	
					— : : : : : :	/H 1/2	
as changed will	be identical.		address of the busine			8	ent!
Such change wa authorized by th	as authorized by resolute board, or the corpo	ution duly adopte ration has been no	d by its board of directified in writing of th	ctors or by an one change.	officer so) T	ED
Frank;	A Farinel	la 1r.	Frank A Farinella, C			t: (
Signatu	re of an officer or director	•		typed name and titl	le (m	5	
t nereby accept l furthér agree (of my duties, an docúment is bei corporation has	the appointment as re to comply with the pro d I am familiar with a ng filed merely to refi been notified in writ	egisterea agent at ovisions of all sta- and accept the ob- lect a change in th ing of this change	nd agree to act in this tutes relative to the pr ligation of my position ne registered office ad	capacity, oper and com as registered ldress, I hereb	plete per l agent. y confiri	rforma Or, if n that	ance this the
	A Farine		3/11/24				
	nature of Registered Agent			Date			_
If signing on be	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 CR2E045 (04/13)

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