P20000021298

(Re	questor's Name)	
(Ad	dress)	
•	•	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	Certificate	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations	•	
SUBJECT: The Pickup trunk Name of Corporation		
DOCUMENT NUMBER: P20000021298		
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Richard Mannone		
Name of Contact Person		
The Pickup trunk Firm/Company		
7345 N.E. 25th Ave Road		
Address		
Ocala, Florida 34479		
City/State and Zip Code		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, pleas	e call:	
Richard Mannone	at (352) 817-2101	
Name of Contact Person	at (352) 817-2101 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Dep	artment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	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)

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 FloLide in order to change its registered office or registered agent, or both, in the State of Florida.	-
1. The name of the corporation: The Pickup trunk	
2. The principal office address: 7345 N.E. 25th Ave Road	
Ocala, Florida 34479	_
3. The mailing address (if different): N/A	
4. Date of incorporation/qualification: March 1, 2020 Document number: P20000021298	
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)	
RE-VIEW BUSINESS STRATEGIES, INC.	
1515 E. Silver Springs Blvd Suite 132	
Ocala, Florida 34470	u a
Ocala, Florida 34470 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Richard Manmone 7345 N.F. 25th Ave Road	
Richard Mannone Control of the Contr	Ċ
P.O. Box NOT acceptable	
Ocala, Florida 34479	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt.
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.	
Syntature of an officer or director Lichard or typed name and title	<u>.</u> S.
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 performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if document is being filed merely to reflect a change in the registered office address. Thereby confirm that corporation has been notified in writing of this change. Signature of Registered Agent	nce this the
If signing on behalf of an entity:	
Typed or Printed Name	

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