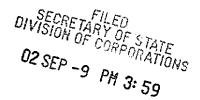
Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Photocopy Will wait Certificate of Status Mail out **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent ■ Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Foreign Annual Report ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other V SHEPARD

CR2E031(7/97)

V SHEPARD SEP (7200

Examiner's Initials



OFFICER / DIRECTOR RESIGNATION

I, PEDTO POMale Shereby resign as 10 186ctcr
of Holsbeck + Associates, Inc., (Name of Corporation)
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation. (Signature of resigning officer/director)

FILING FEE IS \$35.00

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