

2012 FOR PROFIT CORPORATION

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DOCUMENT # P04000091298								LEL 5 PM 3	a de
1. Entity Name						201	2 11 14		,
MARK HOLLENBECK, INC.						-012	JUN -	5 PM .)
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Principal Plac	e of Business	Mailing Address				WILL	AHAGE	OF STA	175
9224 SE 110TH ST RD 9224 SE 110TH ST RD								E.FLOS	NE NOA
BELLEVIEW, FL 34420 US BELLEVIEW, FL 34420 US								~ ;= (e etc. de
					l engilente	II JOHN EIDH BANG BON ED	N BENERALIAN ME	IE IIZIZ IZIZI IEI	1
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
9224 SENOSTRA 922452 110 STRO					1,06,1601,	BO() B(D) QB() BB() BB() 68 (5 8 58(8) 570	ILM ILMIE IEIEI IOI	(88) 31 3883
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05102012	Chg-P	CR2E0	34 (12/11)	
Cuty & Stat	θ			4. FEI Numb	er er		App	oiled For	
Bélleview H Bellevieux			<u>} +1 </u>		11-374	18563			Applicable
Žip 2 V. Cr	Country	2134420	Count	s /)	5. Certificate	of Status Desired		8.75 Addi ee Required	
2996	6. Name and Address of Current I		مان	7.14-	7. Name and	i Address of New R			
Name _								•	
HOLLENBECK, MARK A P					(P.O. Box Number is Not Acceptable)				
9224 SE 110 ST RD BELLEVIEW, FL 34420									
•									
	, a		į	City			FL	Zip Code	•
	named entity submits this statement for	the purpose of changing its r	egistere	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am fa	millar with, a	and accept
the obligat	ions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered	Deriuper erutarge tregal	when reinstating)	1	DATE		
FI	LE NOW!!! FEE IS \$550.00	9. Election Campaig	gn Finar	ncing \$5	. 00 May Be			•	
	ue by September 28, 2012	Trust Fund Contr	ibution.		ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	I CHANGES TO OFFI	CERS AND I	DIRECTORS	IN 11
TITLE	Р	☐ Delete	TITLE					Change	Addition
NAME	HOLLENBECK, MARK A P		NAME	L.	24 <u>[]</u> 00 000	/02355 /1201018-	13 <u>5</u> 11	~~2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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TITLE	BELLEVIEW, FL 34420	☐ Delete	TITLE					Change	Addition
NAME	HOLLENBECK, MARY G VP/S		NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY	-ST-ZIP					
MITTE	S CTDALIB JOHN C	🔀 Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	STRAUB, JOHN S 13598 SE 464 C		NAME STRE	ET ADORESS					}
CITY - ST - ZIP	OCKLAWAHA, FL 32179		1	-ST-ZIP					_
TITLE		Delete	TITLE			JUN - 5 2012		☐ Change	Addition
NAME			NAME	l.		0			
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TITLE NAME STREET ADORESS CITY-ST-ZIP 12. I hereby o	certify that the information supplied with	this filling does not qualify for	STREE CITY-	ET ADDRESS -ST-ZIP emptions contained	in Chapter 11	3, Florida Statutes. I	further certif	y that the inf	formation
NAME STREET ADORESS CITY-ST-ZIP 12. I hereby c indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	this filling does not qualify for true and accurate and that m wered to execute this report a	STRE CITY- the exer	ET ADDRESS -ST-ZIP emptions contained ure shall have the	same legal effe	ct as if made under o	eath; that I ar	y that the int	or director
NAME STREET ADORESS CITY-ST-ZIP 12. I hereby c indicated of the cor	on this report or supplemental report is	this filling does not qualify for true and accurate and that m wered to execute this report a	STRE CITY- the exer	ET ADDRESS -ST-ZIP emptions contained ure shall have the	same legal effe	ct as if made under o es; and that my name	eath; that I ar a appears in	y that the into an officer of Block 10 or	or director Block 11 if
NAME STREET ADORESS CITY-ST-ZIP 12. I hereby c indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, y	this filling does not qualify for true and accurate and that m wered to execute this report a	STRE CITY- the exer	ET ADDRESS -ST-ZIP emptions contained ure shall have the	same legal effe	ct as if made under o es; and that my name	eath; that I ar a appears in	y that the into an officer of Block 10 or	or director