

P13000039126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

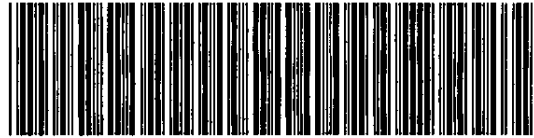
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/19

Office Use Only



100288906621

08/15/16--01012--012 **\$5.00

S. TALLENT

SEP 26 2016

R/A-CH

FILED
16 SEP 19 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2016

MARK LINDBLOM
MARK LINDBLOM ENTERPRISES, INC.
202 KNIGHTS BRIDGE PLACE
DEBARY, FL 32713

SUBJECT: MARK LINDBLOM ENTERPRISES, INC.
Ref. Number: P13000039126

We have received your document 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):

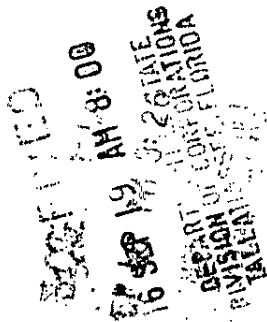
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Susan S Tallent
Regulatory Specialist II

Letter Number: 616A00018747



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE OF REGISTERED AGENT ADDRESS

Name of Corporation

DOCUMENT NUMBER: P13000039126

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK LINDBLOM

Name of Contact Person

MARK LINDBLOM ENTERPRISES, INC.

Firm/Company

202 KNIGHTS BRIDGE PLACE

Address

DEBARY FL 32713

City/State and Zip Code

MLINDBLOM76@GMAIL.COM ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK LINDBLOM

Name of Contact Person

at (407) 491-4278

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MARK LINDBLOM ENTERPRISES, INC.
2. The principal office address: 202 KNIGHTS BRIDGE PLACE DEBARY FL 32713
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/1/2013 Document number: PI3000039126

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)

~~MARK LINDBLOM~~ DAVID M. LINDBLOM
4915 GRAMONT AVE
BELLE ISLE FL 32812

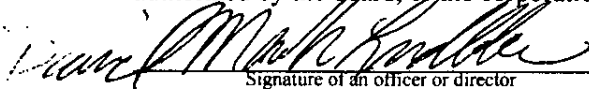
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

~~MARK LINDBLOM~~ DAVID M. LINDBLOM
202 KNIGHTS BRIDGE PLACE
DEBARY FL 32713

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.



Signature of an officer or director

DAVID MARK LINDBLOM PRESIDENT

Printed or typed name and title

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

8/12/2106

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
16 SEP 19 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA