

F05000 001 018

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

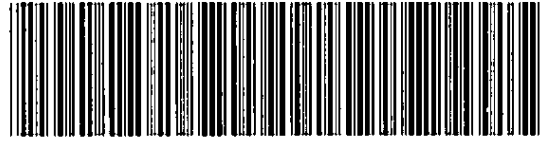
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LET  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 DEC -9 AM 11:37

*Withdrawal*

JAN 04 2020

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALPHIABEST EDUCATION, INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F05000001018  
\_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen C Minnich  
\_\_\_\_\_  
(Name of Person)

Minnich Law  
\_\_\_\_\_  
(Firm/Company)

5335 Robinhood Village Drive #116  
\_\_\_\_\_  
(Address)

Winston-Salem, NC 27106  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Stephen Minnich at ( 336 ) 202-7905  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

19 DEC -9 AM 11:30  
SECTION OF STATE  
DIVISION OF CORPORATIONS

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

ALPHABEST EDUCATION, INC.

\_\_\_\_\_  
(Name of Corporation)

F05000001018

\_\_\_\_\_  
(Document Number of Corporation (if known))

North Carolina

\_\_\_\_\_  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

P.O. Box 609

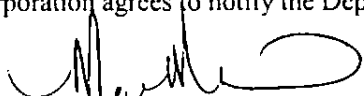
\_\_\_\_\_  
(Mailing Address)

Lewisville, NC 27023

\_\_\_\_\_  
(City/ State /Zip)

19 DEC -9 AM 11:32  
SECRETARY OF STATE  
RECEIVED

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

December 4, 2019

\_\_\_\_\_  
(Date)

Melissa Moreano

\_\_\_\_\_  
(Typed or printed name of person signing)

CFO

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**