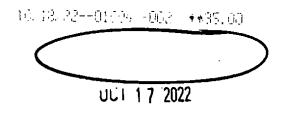
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:  J. HORNE JAN 12 2023				

Office Use Only



200395883462







### Choice Recovery, Inc. 1105 Schrock Road Ste 700 Columbus, OH 43229

State of Florida FL Reg Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Choice Recovery, Inc.

To Whom It May Concern:

Enclosed you will find our completed Foreign Corporation withdrawal.

Please mail all correspondence to:

Chad Silverstein Choice Recovery, Inc. 277 N Parkview Ave Bexley, OH 43209

If you have any questions regarding this application, please contact:

Chad Silverstein Choice Recovery, Inc. Phone: (614) 313-3100

Fax: N/A

Email: chad@restartworks.com

**Enclosures** 

### **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJE	Choice Recovery, Inc.					
		(Name of Corporation)				
DOCL	JMENT NUMBER: F05000005141					
The en	closed withdrawal application and	fee are submitted for filing.				
Please	return all correspondence concerning	g this matter to the following:				
	Chad Silverstein					
		(Name of Person)				
	Choice Recovery, Inc.					
(Firm/Company)						
	277 N Parkview Ave					
		(Address)				
	Bexley, OH 43209					
	((	City/State and Zip code)				
For fur	ther information concerning this ma	tter, please call:				
Chad Silverstein		at ( 313-3100				
_	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclos	ed is a check for the amount:					
<b>■</b> \$35		☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee.  Certified Copy Certificate of Status & Certified  (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

Choice Recovery, Inc.

	(Name of Corporation)				
	F05000005141		SECH	2022 (	
-	(Document Number of Corporation (if	known)	HASS	)CT	~~
_	Ohio 09/18/1997		E 9	7 PH	: []
	(Incorporated Under Laws of and date authorized to transact b	ousiness/conduct its affairs)	77 478 	1 4: 58	
	oration is no longer transacting business or conducting affa y surrenders its authority to transact business or conduct af				eby
appoints t	oration revokes the authority of its registered agent in F he Department of State as its agent for service of process bas authorized to transact business or conduct affairs in Florid	ised on a cause of action a			
The follow	wing is a current mailing address for the corporation:				
	277 N Parkview Ave				
-	(Mailing Address)				
	Bexley, OH 43209				
-	(City/ State /Zip)				
(Si	ignature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	of any change in its maili	ing addi	ress.	-
A	ngela Butera	Attorney-in-Fact			
	(Typed or printed name of person signing)	(Title of person sign	iuñ)		-

**FILING FEE \$35** 

# Collectors Insurance Agency, Inc. Power of Attorney

NOTICE IS HEREBY GIVEN THAT the laws of Ohio , does hereby appoint, Angela Butera, Kris Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity hereto as Exhibit A, specifically organized herein by reference ("the Subs limited purposes authorized herein.	, ("Entity") an entity organized under Nielsen, Kristina Warmka while employed by Collectors tity and affiliates and subsidiaries of the entity attached idiaries") in the Entities' and Subsidiaries' names for the
The Entity and Subsidiaries, having taken all necessary steps of fact the power to execute the documents necessary to file qualifical registrations, licenses, permits and forms of similar import on behalf of the District of Columbia and Puerto Rico.	tions, certificates of authority, registrations, business
This Power of Attorney expires when revoked by the Entity or A	ffiliates or Subsidiaries.
IN WITNESS WHEREOF, the undersigned have executed this Power of A	Attomey on the 6 day of OCT, 2022
	ill_
Sign	nature of Authorized Entity Representative
Ch	ad Silverstein, President/CEO/Director
Prin	t Name and Title
Sworn to and subscribed before me this of	
Notary Public, State of Ohio Commission Expires: May 2027	LILY A TARBOX Notary Public State of Ohio

Notary Public State of Ohio My Comm. Expires May 2, 2027