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NAME:

ARVOS INC

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TO: Amendment Sec Division of Cor	ł .		
SUBJECT: Arvos	Inc		
		Name of Corporat	ion)
DOCUMENT NUMB	F150000	01868	
The enclosed withdraw	 val application and fe	e are submitted for	filing.
Please return all correspondition to the following:	-	nis	
Darcy M	1cCutcheon		
	t	(Name of Person)	
Arvos L	jungstrom Ll	LC	
		(Firm/Company)	
3020 Tr	uax Rd		
		(Address)	
Wellsvil	le, NY 14895	5	
	(City	y/State and Zip cod	le)
For further information	concerning this matter	, please call:	
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Amendin Division P.O. Box	of Corporations 6327 see, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

(Name of Corporation)

Arvos Inc

F15000001868

	(Bocament Number of Corporation ((i known)	
Delawa	re		
	(Incorporated Under Laws o	n	
voluntarily surrenders it This corporation revoke appoints the Departmen	onger transacting business or conducting af sauthority to transact business or conduct a es the authority of its registered agent in lat of State as its agent for service of procesed to transact business or conduct affairs in	ffairs in Florida. Florida to accept service on its behalf and spaced on a cause of action arising during	d
The following is a curre	nt mailing address for the corporation:		
3020 Tr	uax Rd		
14.00	(Mailing Address)	***	
Wellsvil	l le, NY 14895	2000 HAY	-
	(City/ State /Zip)		-
The corporation agrees t	 	re of any change in its mailing address.	0
(Signature of a directo	r. president or other officer - if in the hands of a in appointed fiduciary, by that fiduciary)	May 10, 2018 📆 💍	
receiver or other cou	in appointed fiduciary, by that fiduciary)		
Matt Fer	ris	Vice President	
(Typed or pri	nied name of person signing)	(l'itle of person signing)	
	FILING FEE \$35		