

Division of Corporations

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**F150000192653**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6380 *cmw*

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)694-1639

**DISSOLUTION OR WITHDRAWAL  
INSURELINX, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

FILED  
17 JAN 20 AM 8:58  
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TALLAHASSEE, FLORIDA

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17 JAN 20 PM 3:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

S. TALLENT  
JAN 23 2017

*WITH*

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

**InsureLinx, Inc.**  
(Name of Corporation)

**F15000004247**  
(Document Number of Corporation (if known))

**Delaware**  
(Incorporated Under Laws of)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

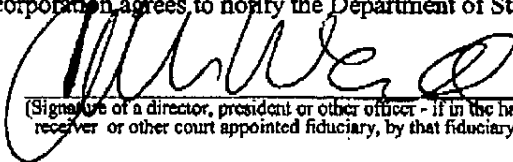
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**401 E. Las Olas Boulevard, Suite 1650**  
(Mailing Address)

**Ft. Lauderdale, FL 33301**  
(City/ State /Zip)

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)

**1/20/2017**  
(Date)

**Colleen Ward**  
(Typed or printed name of person signing)

**Attorney-in-Fact**  
(Title of person signing)

**FILING FEE \$35**