

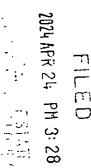
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COVER LETTER

10:	O: Amendment Section Division of Corporations				
SUBJ	ECT:	Saber Strong Employee Support Fo	undation, Inc.		
			(Name of Corpor	ration)	
DOC	UMEN	TT NUMBER: F21000006901			
The er	nclosed	l withdrawal application and	fee are submitted f	for filing.	
Please	return	all correspondence concerning	g this matter to the	following:	
	Jess	ica Elbert			
			(Name of Person	1)	-
	Cors	saro & Assocaites, LPA			<u>. </u>
			(Firm/Company))	
	28039 Clemens Road				
	(Address)				
	Wes	tlake, OH 44145			
		((City/State and Zip o	code)	_
For fu	rther ir	nformation concerning this mat	ter, please call:		
Michae	i F.Haip	oer, Esq.	at (871-4022	
_	_	(Name of Person)		Code & Daytime Telephone Numb	er)
Enclos	sed is a	check for the amount:			
■ \$35	5 Filing	g Fee	Certified Copy		
	Amer Divis P.O. I	nd Address: Indiment Section It ion of Corporations Box 6327 hassee, FL 32314	Division of The Centr 2415 N. M	ress: ent Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303	

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

Saber Strong Employee Support Foundation, Inc.

	(Name of C	Corporation)			
F2100	00006901				
	(Document Number of Corporation (if known)				
Ohio	12/1/2021	Total de la company de la comp			
	(Incorporated Under Laws of and date authoriz	zed to transact business/conduct its affairs)			
his corporation oluntarily sur	on is no longer transacting business or correnders its authority to transact business of	onducting affairs within the State of Florida and head or conduct affairs in Florida.			
ppoints the De		d agent in Florida to accept service on its behalf a of process based on a cause of action arising during fairs in Florida.			
he following	is a current mailing address for the corpo	ration:			
23700	Commerce Park				
	(Mailing	Address)			
Beach	wood, OH 44122				
	(City/ Sta	ate /Zip)			
he corporation	n agrees to notify the Department of State	e in the future of any change in its mailing address.			
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
(Signature receiver	e of a director, president or other officer - if in the hands or other court appointed fiduciary, by that fiduciary)	Sof a (Date)			
Michael	F. Halper	Secretary			
	Typed or printed name of person signing)				

FILING FEE \$35