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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Reuben Capelouto Foundation, Inc. (Name of Corporation)
DOCUMENT NUMBER: 856 487
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Crant Capelouto (Name of Person)
/ (Name of Person)
(Firm/Company)
Po Box 13616 (Address)
(Address)
Tallahassee, Fl 32317
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (SSO) SYY-2YSS (Area Code & Daytime Telephone Number)
(Name of rerson) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

The Reuben Capelouto Foundation INC (Name of Comporation)
(Document Number of Corporation (if known)
(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:	<u> </u>	2018	
PO Box 13616	AHAS	2 330	_
(Mailing Address)	Sin	0	
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Tallahassee F1 32317			ر
(City/ State /Zip)	5	0	-

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)

(Typed or printed name of person signing)

12-20-18 (Date)

(Title of person signing)