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COVER LETTER

	mendment Section ivision of Corporations	
SUBJEC	T: Browne Penland McGr	regor Stephens Architects, Inc.
		(Name of Corporation)
DOCUM	IENT NUMBER:F0000	000 @ 3714
The enclo	osed withdrawal application	and fee are submitted for filing.
	turn all correspondence concer the following:	rning this
_	Charles B. Brown	ie
		(Name of Person)
	Browne Penland M	CGregor Stephens Architects, Inc.
•		(Firm/Company)
	520 Post Oak Blv	rd., Suite 880
•		(Address)
_	Houston, TX 7702	27
		(City/State and Zip code)
For furthe	er information concerning this	matter, please call:
Charle	s B. Browne	at (713) 850-1733, x12
	(Name of Person)	(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

B:	rowne Penland McGr	egor Stephens Arc	chitects, Inc.		
		(Name of Corporation)	·		
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-	(Document	Number of Corporation (i	f known)	06 HAY 23 AM II: 32	FILED
S	tate of Texas			mo =	Ċ
This corporation is n	(Ir o longer transacting bus	siness or conducting af	,	FLORIDGE and her	eby
voluntarily surrender	s its authority to transact	business or conduct af	fairs in Florida.	•	Ī
appoints the Departm time it was authorized	okes the authority of it tent of State as its agent d to transact business or trent mailing address for	for service of process to conduct affairs in Flori	based on a cause of ac		
53	20 Post Oak Blvd.,	Suite 880 (Mailing Address)			
Ho	ouston, TX 77027				
		(City/ State /Zip)			
The corporation agre	es to notify the Departm	ent of State in the futur	_	mailing address.	
(Signature of a dir receiver or other	ector, president or other officer - court appointed fiduciary, by the	if in the hands of a	(Date)	-
	narles B. Browne		President		_
(Typed or	printed name of person signing		(Title of pers	son signing)	