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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Protected Investors of America, Inc. (Name of corporation)
(Name of corporation)
DOCUMENT NUMBER: FOZOOOOOO304
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
Protected Investors of America, Inc. (Firm/Company)
235 Montgomery St #1050
SF, A 94104 (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (415) 3984363 (Area Code & Daytime Telephone Number)
STREET ADDRESS. MAILING ADDRESS.

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

MAILING ADDRESS:

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

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

trotected Injestors of America, Inc
(Name of Corporation)
FOZ 00000 304 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
(Document Number of Corporation (if known) California (Incorporated Under Laws of)
(meorporated onder baws or)
This corporation is no longer transacting business or conducting affairs within the State of Florida and Refeby 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:
235 Montgomery St. Suite 1050 (Mailing Address)
SF (A 94104 (City/State/Zip)
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
SV.V.P. Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
Triane Hoess! (Typed or printed name of person signing) SrvP. (Co) (Title of person signing)

FILING FEE \$35