## F04000004059

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
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(Bu	usiness Entity Nam	ne)
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:

A. RAMSEY NOV 15 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 130584 5123330 AUTHORIZATION COST LIMIT ORDER DATE: November 11, 2022 ORDER TIME : 8:07 AM ORDER NO. : 130584-005 CUSTOMER NO: 5123330 FOREIGN FILINGS NAME: KPO-BCA, INC. XX \_\_\_ CORPORATE \_\_\_\_ LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX \_\_\_ PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

Same of the same

## **COVER LETTER**

Division of Corporations	
SUBJECT: KPO-BCA, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: F04000004059	
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Valerie Williams	
	(Name of Person)
	(Firm/Company)
PO Box 530255	
	(Address)
Atlanta, GA 30353	
((	City/State and Zip code)
For further information concerning this mat	ter, please call:
Valerie Williams	404 216-7937 at (
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

KPO-BCA, Inc.	
(Name of Corporation	on)
F0400004059	
(Document Number of Corporat	
DELAWARE / 07/16/2004	P. Ko
(Incorporated Under Laws of and date authorized to tra	insact business/conduct its affairs)
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proctime it was authorized to transact business or conduct affairs in The following is a current mailing address for the corporation:  PO Box 530255	ess based on a cause of action arising during th Florida.
(Mailing Address)	
Atlanta, GA 30353	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the	future of any change in its mailing address.
Jennifer Philpott	11/4/2022
(Senature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Jennifer Philpott (formerly Chiarelli)	Treasurer
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**