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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Au Authum Ki, Inc. |
| (Name of Corporation) |
| DOCUMENT NUMBER: F04000006485 |
| The enclosed withdrawal application and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Tennie Sedlacek |
| (Name of Person) |
| Incorp Services, Inc. |
| (Firm/Company) |
| 375 N. Stephanie Street, Suite 1411 |
| (Address) |
| Henderson, NV 89014-8909 |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Tennie Sedlacek at (702) 866-2500 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: STREET ADDRESS: |

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

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 FEORIDA

| Au Authum Ki, Inc. | e of Corporation) |
|--|--|
| F0400006485 | 克 克 |
| (Document Number | er of Corporation (if known) |
| Arizona | |
| (Incorpora | ated Under Laws of) |
| rily surrenders its authority to transact busine or portion revokes the authority of its regis | stered agent in Florida to accept service on its behavice of process based on a cause of action arising du |
| lowing is a current mailing address for the co | orporation: |
| 665 E. Morelos St., Ste 101 | |
| | iling Address) |
| Chandler, AZ 85225-8953 | |
| (Cit | ty/ State /Zip) |
| rporation agrees to notify the Department of | State in the future of any change in its mailing addre |
| mary Post- | 10-27-10 (Date) |
| (Signature of a director, president or other officer - if in the receiver or other court appointed fiduciary, by that fiduciary | Entry). |
| (Signature of a director, president or other officer- if in the receiver or other court appointed fiduciary, by that fiduciary by that fiduciary by the fiduciary of the fiducia | President |