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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

Withdrawal/Cus (a, 12.21.05



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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

^{*} Please return a stamped "Filed" copy of the letter of acknowledgment and certificate of withdrawal in the enclosed Federal Express envelope. Thank you.

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

| MyDocOnline, Inc. (Name of Corporation) |
|---|
| (Name of Corporation) |
| F0400006488 (Document Number of Corporation (if known) |
| (Botalion Financial of Corporation (It Known) |
| Delaware (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: |
| 2711 North Haskell Avenue, Suite 2300, LB 36 (Mailing Address) |
| Dallas, Texas 75204 (City/ State /Zip) |
| 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) |
| Ronald A. Woessner VP, Secretary & Director (Typed or printed name of person signing) (Title of person signing) |

FILING FEE \$35