F05000 001 018

(Re	equestor's Name)		
(Ad	idress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



800337519448

12/09/19--01007--009 **35.00

19 DEC -9 AMII: 37

locus roper,

JAN 0 4 2020

D CUSHING

COVER LETTER

	Amendment Section Division of Corporations		
SUBJE	ALPHAREST EDUCATION INC.		
SODJE		(Name of Corporation)	
DOCUM	MENT NUMBER: F05000001018		
The encl	osed withdrawal application and	fee are submitted for filing.	
Please re	eturn all correspondence concerning	g this matter to the following:	
	Stephen C Minnich		_
		(Name of Person)	-
	Minnich Law		
	· · ·	(Firm/Company)	-
5335 Robinhood Village Drive #116			
		(Address)	19 VIE
	Winston-Salem, NC 27106		19 OEC
	(0	City/State and Zip code)	
For furth	ner information concerning this mat	tter, please call:	DEC -9 ANII: 319
Stephen N	Stephen Minnich at (336) 202-7905		· · · · ·
	(Name of Person)	(Area Code & Daytime Telephone Number	er) = ==================================
Enclosed	i is a check for the amount:		
■ \$35 F	Filing Fee S43.75 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 & Certificate of S	
- [F	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Callahassee, 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

(Name of Corporation)

ALPHABEST EDUCATION, INC.

F05000001018	
(Document Number of Corporation	on (if known)
North Carolina	
(Incorporated Under Lav	vs of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in I	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	-
P.O. Box 609	19 DE
(Mailing Address)	المن المناسبة
Lewisville, NC 27023	
(City/ State /Zip)	AH: 32
The corporation agrees to notify the Department of State in the f	· ***
(Signature of a tirector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Melissa Moreano	CFO
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35