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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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OLVISION OF CORPORATIONS
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OCT 3 1 2012 T. ROBERTS

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|---|--|
| Division of Corporations | | |
| SUBJECT: SPHC, Inc. | | |
| (Na | ame of Corporation) | |
| DOCUMENT NUMBER: F06000007 | 192 | |
| The enclosed withdrawal application and fee a Please return all correspondence concerning the | _ | |
| Lea Cruz | | |
| (Name of Person) | | |
| Textron Financial Corporation | | |
| (Firm/Company) | | |
| 40 Westminster Street | , 12th Floor | |
| | (Address) | |
| Providence, RI 02903 | | |
| | State and Zip code) | |
| For further information concerning this matter, p | please call: | |
| Lea Cruz | at (401)621-4200 | |
| (Name of Person) Enclosed is a check for the amount: | (Area Code & Daytime Telephone Number) | |
| (, | 43.75 Filing Fee & \$\begin{array}{l} \$52.50 \text{ Filing Fee,} \\ \text{certified Copy} & \text{Certificate of Status & Certified} \\ \text{Additional copy is Copy (Additional copy is enclosed)} \end{array} | |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle | |

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

| SPHC, Inc. | JAN SES | | |
|--|--|--|--|
| (Name of Corporation) | OCT OFF | | |
| F060000071 | | | |
| (Document Number of Corporation (| if known) | | |
| Delaware | Q# 35 | | |
| (Incorporated Under Laws o | 1) | | |
| This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a | • | | |
| This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of procest the time it was authorized to transact business or conduct affairs in | ss based on a cause of action arising during | | |
| The following is a current mailing address for the corporation: | | | |
| c/o Legal Department - 40 Westmins | ster Street, 12th Floor | | |
| (Mailing Address) | | | |
| Providence, RI 02903 | | | |
| (City/ State /Zip) | | | |
| The corporation agrees to notify the Department of State in the future. | are of any change in its mailing address. | | |
| Panch grow | 10-19-12 | | |
| (Signature of a director, Hesident or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Datc) | | |
| Pamela J. Toro | Secretary | | |
| (Typed or printed name of person signing) | (Title of person signing) | | |