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Date:	1-27-17 ACCT. 120160000072	wil DW
Name:	FRHI Hotels+Res	ionts
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Thank you!

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	FRHI Hotels & Resorts (U.S.) Inc.
50,00	(Name of Corporation)
DOC	MENT NUMBER: F07000005859
The e	closed withdrawal application and fee are submitted for filing.
	return all correspondence concerning this to the following:
	Denise M. Kerschhackl, Paralegal
	(Name of Person)
	Sidley Austin LLP
	(Firm/Company)
	One S. Dearborn St., 30th Floor
	(Address)
	Chicago, IL 60603
	(City/State and Zip code)
For fu	ther information concerning this matter, please call:
	at ()
Enclo	(Name of Person) (Area Code & Daytime Telephone Number) ed is a check for the amount:
\$3:	Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
	MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL.32314Tallahassee, FL. 32301

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

	FRHI Hotels &	Resorts (U.S.) Inc.	
	(Name of	Corporation)	
	F07000	0005859	
	(Document Number o	f Corporation (if known)	
	Delav	vare	
	(Incorporated	d Under Laws of)	
voluntarily	pration is no longer transacting business or surrenders its authority to transact business	s or conduct affairs in Florida.	·
appoints th	oration revokes the authority of its register ne Department of State as its agent for serv was authorized to transact business or cond	vice of process based on a cause of	
The follow	ving is a current mailing address for the corp	poration;	17 J
1	55 Wellington Street West, Suite 3300		
_	(Mailin	ng Address)	7 29
T	Foronto, ON M5V 0C3 Canada	*	Fa
_	(City/	State /Zip)	τ ζ ζ
The corpo	ration agrees to notify the Department of St	ate in the future of any change in it	s mailing address.
(Sig	gnature of a director, president or other officer - if in the his	ands of a (Date y)	3,2017
Pa	ula A. McMullan	Corporate Secretary	
-	(Typed or printed name of person signing)	(Title of per	rson signing)

FILING FEE \$35