F08000002263

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lose & Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F08000002263

The enclosed ***Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua A. Mullen
(Name of Contact Person)

Womble Bond Dickinson (US) LLP
(Firm/Company)

1222 Demonbreun St., Ste. 1201
(Address)

Nashville, Tennessee 37203
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua A. Mullen at (202) 857.4522
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- ☒ $35.00 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E124 (04/13)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Whit Alexander, do hereby certify
(Name)

that this Resolution of the Board of Directors of Lose & Associates, Inc.
(Name of Corporation)

a corporation duly organized and existing under the laws of Tennessee,
(State or Country)

was adopted on November 4, 2022 withdrawing the alternate

name of Lose & Associates of Tennessee, Inc.
(Current Alternate Name)

in Florida as its real name is available in Florida.

2022 NOV 14 PM 5:39

Date: 11/4/22

Signature of Chairman, Vice Chairman of the Board, a director or any officer

Executive Vice President, CCO
Title of person signing

FILING FEE $35
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E124 (04/13)