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(Ře	equestor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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16 AUG 24 AM II: 28

Par Sr CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 264851 7948060

AUTHORIZATION

COST LIMIT : U \$ 35.00

ORDER DATE: August 24, 2016

ORDER TIME : 10:11 AM

ORDER NO. : 264851-010

CUSTOMER NO: 7948060

FOREIGN FILINGS

NAME: ARCHIMEDES, INC.

XX CORPORATE
LIMITED PARTNERSHIP

_____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations
CHE	ECT: Archimedes, Inc.
SOD	(Name of Corporation)
DOC	UMENT NUMBER:
The e	nclosed withdrawal application and fee are submitted for filing.
	return all correspondence concerning this r to the following:
	Carol Nakhuda
	(Name of Person)
	Evidera, Inc.
	(Firm/Company)
	7101 Wisconsin Avenue, Suite 1400
	(Address)
	Bethesda, MD 20814
	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
Carol	Nakhuda 240 235-2566 at ()
Enclo	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:
\$3.	5 Filing Fee \$\ \$43.75 Filing Fee & \$\ \$43.75 Filing Fee & \$\ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed)
	MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL.32314

2661 Executive Center Circle

Tallahassee, FL. 32301

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

Archimedes Inc.			
(Name of Corporation)			
(Document Number of Corporation (if known)			
State of California			
(Incorporated Under Laws of)			
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 appoints the Department of State as its agent for service of process based on a cause of acthe time it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:			
7101 Wisconsin Avenue, Suite 1400		2016	
(Mailing Address)	AHAS	AUG 2	T
Bethesda, MD 20814	RY 1		FILE
(City/ State /Zip)	FLORID	H 10: 31	
The corporation agrees to notify the Department of State in the future of any change in its m	ailing addı	ess.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	**************************************		
To Neil Welling (Title of person signing) (Title of person s	igning)		