F0900000 4560

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
<u> </u>	
	(Business Entity Name)
	(Document Number)
Cartificat Capita	Continues of Chabus
Certified Copres	Certificates of Status
Special Instructions to	Fiting Officer:
,	-

Office Use Only



900423600419

2024 FEB 23 AM II: 55

2024 FEB 23 PM 4: 84



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:0	2/23/2024	
Name:	Patrice Rush	
Reference #:_	2273678	
Entity Name:_	AS	SISTRX, INC.
Articles	of Incorporation/Authorizat	ion to Transact Business
Amend	ment	
☐ Change	e of Agent	
☐ Reinsta	tement	
Convers	sion	
Merger		
✓ Dissolut	tion/Withdrawal	
☐ Fictitiou	s Name	
Other		
Authorized Am	ount: \$35.00	
Signature:	(Prestalle	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

	Amendment Section Division of Corporations	
SUBJE	CT: AssistRx, Inc.	
0020		(Name of Corporation)
DOCUM	MENT NUMBER:	
The enc	losed withdrawal application and	fee are submitted for filing.
Please re	cturn all correspondence concernir	ng this matter to the following:
	Graeme Phillipson	
		(Name of Person)
	AssistRx Holdings, Inc.	
		(Firm/Company)
	2001 Summit Park Drive, Suite 700	
		(Address)
	Orlando, FL 32810	
	(City/State and Zip code)
For furth	ner information concerning this ma	atter, please call:
Graeme Phillipson		at (855) 421-4607
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclose	d is a check for the amount:	
≣ \$35 F	Filing Fee	Certified Copy (Additional copy is Enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
I F	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

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

AssistRx, Inc.

(Name of Corporation	on)
F09000004560	
(Document Number of Corporate	ion (if known)
Delaware - 11/19/2009	
(Incorporated Under Laws of and date authorized to tra-	nsact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting to transacting the second transacting transacting business or conducting transacting busi	•
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proctime it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during th
The following is a current mailing address for the corporation:	2024 Tall
2001 Summit Park Drive, Suite 700	AHA A
(Mailing Address)	23 23 SSE
Orlando, FL 32810	
(City/ State /Zip)	: 55 REDA
The corporation agrees to notify the Department of State in the	future of any change in its mailing address.
The Elving	2/22/2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
John E. Murray	Authorized Person
(Typed or printed name of person signing)	(Title of person signing)