0726

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CERTIFIED COPY
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_____ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

Tallahassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	1200000001	195		
		REFERI	ENCE :	101514	7206337		
		AUTHORIZA	rion :	South as			
		COST L	IMIT :	\$ (35.00	enan		
ORDER	DATE :	October 12,	2021		· •		
ORDER	TIME :	9:17 AM					
ORDER	NO. :	101514-105					
CUSTOM	MER NO:	7206337					
		-					
FOREIGN FILINGS							
NAME: NATIONWIDE ADVANTAGE MORTGAGE COMPANY							
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY							
XXXX WITHDRAWAL/CANCELLATION							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							

EXAMINER:

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

Nationwide Advantage Mortgage Company

	(Name of Corporation)						
	F1000000726						
	(Document Number of Corporation (if known)						
	Iowa / 02/11/2010						
	(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)						
	coration is no longer transacting business or conducting at ly surrenders its authority to transact business or conduct a		d hereby				
appoints	poration revokes the authority of its registered agent in the Department of State as its agent for service of process as authorized to transact business or conduct affairs in Flor	based on a cause of action arising d					
		2021 (17.1 17.1					
i ne iolio	wing is a current mailing address for the corporation:	136					
	One West Nationwide Blvd., FRAP SOLUTIONS	28	1.72				
	(Mailing Address)		$\hat{\mathbf{r}} \in \widehat{\mathbf{r}}$				
	Columbus, Ohio 43215	00 100 100 €	لصح: •				
•	(City/ State /Zip)						
(S	oration agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a eceiver or other court appointed fiduciary, by that fiduciary)	are of any change in its mailing address $\frac{10/12/21}{(Date)}$	ess.				
Ν	Mark E. Hartman	Assistant Secretary					
-	(Typed or printed name of person signing)	(Title of person signing)					

FILING FEE \$35