

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Headway Wo	trice Solutions, INC.
DOCUMENT NUMBER: Fリロウゆ	000246
The enclosed withdrawal application and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
	TURLEJSKI e of Person)
Lteady (Firm	ay Workforce Solutions Inc
421	ay Workforce Solutions Inc (Company) Fayetteville St, Ste 1020 Address) leigh NC. 27601
Ra	leigh NC. 27601
(City/Star	te and Zip code)
For further information concerning this matter, plea	
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
(Ad	75 Filing Fee & \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

2661-Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314

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

Headway Workforce Solutions, Ix.	
(Document Number of Corporation (if known)	
Jelaware (Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and her voluntarily surrenders its authority to transact business or conduct affairs in Florida.	reby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising duthe time it was authorized to transact business or conduct affairs in Florida.	ring
the time it was authorized to transact business or conduct affairs in Florida. The following is a current mailing address for the corporation: Half Faye Heville St, Ste (036) (City/ State /Zip)	
Raleigh NC 27601	
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary) (Date)	-
TOSEPH VELENIC CFO (Typed or printed name of person signing) (Title of person signing)	_

FILING FEE \$35