

F110000004267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

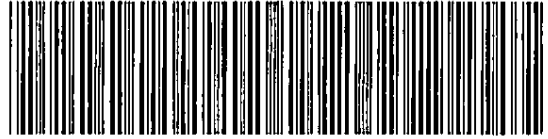
(Business Entity Name)

(Document Number)

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Kyle B

5-29-24

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2024 MAY 29 AM 10:54

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/29/2024

Acc#I20160000072

*Eric DW*

Name:	BNY Mellon Advisors, Inc.
Document #:	
Order #:	15594744

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ **35.00**

Thank you!

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

BNY Mellon Advisors, Inc.

\_\_\_\_\_  
(Name of Corporation)

F11000004267

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

10/24/2011

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby 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 on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

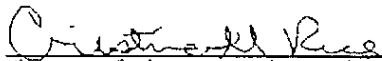
Attn: Legal Department, 240 Greenwich Street

\_\_\_\_\_  
(Mailing Address)

New York, New York 10286

\_\_\_\_\_  
(City/ State /Zip)

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 or other court appointed fiduciary, by that fiduciary)

05/28/2024

\_\_\_\_\_  
(Date)

Cristina Rice

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

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