F1200000 1210

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·	(Document Number)
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Special Instructions to	Filing Officer:

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COVER LETTER

Amendment Section **Division of Corporations** DNA Diagnostics Center, Inc. SUBJECT: (Name of Corporation) F12000001210 DOCUMENT NUMBER: _____ The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Firm/Company) (Address) (City/State and Zip code) For further information concerning this matter, please call: __at (______)____(Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the amount: □ \$35 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) Enclosed) Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWALOF, AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	inc. 10 AM 9:11
DNA Diagnostics Center,	inc
(Name of Corporation)	1000
	• •
F12000001210	
(Document Number of Corporation	(if known)
03/20/2012	
(Incorporated Under Laws of and date authorized to transaction)	ct business/conduct its affairs)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	-
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flo	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
1001 DDC Way	
(Mailing Address)	
FAIRFIELD, OH 45014	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut	ure of any change in its mailing address.
Jum Edme	6/30/2024
(Signature of a decetor, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Justin Dudas	Justin Dudas
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35



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

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:07	7/09/2024	
Name:	Patrice Rush	
	2433023	
		OSTICS CENTER, INC.
Articles	of Incorporation/Authorization	on to Transact Business
Amendn	nent	
Change	of Agent	
Reinstat	ement	
Convers	ion	
Merger		
✓ Dissoluti	ion/Withdrawal	
Fictitious	s Name	
Other_		
Authorized Amo	ount:\$35.00	
Signature:	(Pall	