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SECRETARY OF STATE DIVISION OF GORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: FOUNTainhead Fitness Iv. (Name of Corporation)		
DOCUMENT NUMBER: = 1300000701		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Stephen Dow (Name of Person)		
Tountainhead Fitness, Inc. (Firm/Company)		
3295 River Exchange Dr Suite 210		
Peachtree Corners GH 30092 (City/State and Zip code)		
For further information concerning this matter, please call:		
(Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the amount:		
\$43.75 Filing Fee \$\$43.75 Filing Fee & \$\$43.75 Filing Fee & \$\$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is Enclosed)  \$52.50 Filing Fee,  Certificate of Status & Certified  Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327  STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle		

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

(Name of Corporation)
F130000007101  (Document Number of Corporation (if known)
G.C.OrGIA (Incorporated Under Laws of)
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:
3295 River Exchange Dr. Suite all
Peachtree Corners, GA 30092 (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 or the same of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)

FILING FEE \$35

(Title of person signing)

(Typed of printed name of person signing)