

T13 000001485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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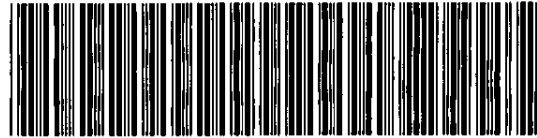
(Business Entity Name)

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TALLAHASSEE, FLORIDA

10/10/16

# CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 10-6-2016

ACCT. I20160000072

Name:	<i>Ima D...</i> <i>Parkway One Capital</i>
Document #:	<i>manager, Inc</i>
Order #:	

Certified Copy of Arts & Amend:	<i>Please file 1st</i>		
Plain Copy:			
Certificate of Good Standing:			
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Amount: \$ 43.75

Thank you!

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Parkway One Capital Manager, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F13000001485

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth M. Hamelin

(Name of Person)

Hogan Lovells US LLP

(Firm/Company)

555 13th Street, NW

(Address)

Washington, DC 20004

(City/State and Zip code)

For further information concerning this matter, please call:

Beth Hamelin

at (202) 637-6881

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & 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  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Parkway One Capital Manager, Inc.

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

F13000001485

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

Delaware

\_\_\_\_\_  
(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:

390 N. Orange Avenue, Suite 2400


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

Orlando, FL 32801

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

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TALLAHASSEE, FLORIDA

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)

October 5, 2016

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

A. Noni Holmes-Kidd

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

Vice President and Senior Counsel

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

**FILING FEE \$35**