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(((H150000885473)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL CAREER DESIGN FOUNDATION CORP

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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|--------------------------------|--|
| SUBJ | ECT: |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: F13000001710 |
| The e | nclosed withdrawal application and fee are submitted for filing. |
| | return all correspondence concerning this to the following: |
| | Corina Racaniello |
| | (Name of Person) |
| | CT Corporation |
| | (Firm/Company) |
| | 2875 Michelle Drive, Suite 100 |
| | (Address) |
| | Irvine, CA 92606 |
| | (City/State and Zip code) |
| For fi | rther information concerning this matter, please call: |
| Corina Racaniello 949 743-8118 | |
| Enclo | (Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount: |
| \$3 | Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & \$\bigs\\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Enclosed) \$\bigs\\$43.75 Filing Fee & \$\bigs\\$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 Tailahassee, FL. 32301 |

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

| | Career Design Foundation Corp. |
|---------|--|
| | (Name of Corporation) |
| | F13000001710 |
| | (Socialism (Auditor of Corporation (II Milowil) |
| | Texas (Incorporated Under Laws of) |
| | (Incorporated Under Laws of) |
| This co | reporation is no longer transacting business or conducting affairs within the State of Florida and hereby rily surrenders its authority to transact business or conduct affairs in Florida. |
| appoint | orporation revokes the authority of its registered agent in Florida to accept service on its behalf and its the Department of State as its agent for service of process based on a cause of action arising during at it was authorized to transact business or conduct affairs in Florida. |
| The fol | lowing is a current mailing address for the corporation: |
| | 1228 Mystic Ct. |
| | (Mailing Address) |
| | Spring Hill, FL 33324 34609 |
| | (City/ State /Zip) |
| The cor | poration agrees to notify the Department of State in the future of any change in its mailing address. |
| ; | Faturia akrund (Signature of a director, president or other officer - if in the hands of s receiver or other court appointed fiduciary, by that fiduciary) (Date) |
| | Pot cicia Akroyd (Typed or printed name of person signifig) (Title of person signifig) |

FILING FEE \$35