(Re	questor's Name)	
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: DISCOUNT SERVICES, INC		
		(Name of Corpo	oration)
DOCI	UMENT NUMBER: 752707937	FI:	3000003436
The er	nclosed withdrawal application and	fee are submitted	for filing.
	return all correspondence concerning to the following:	g this	
	REBA LEONARD		•
	· · · · · · · · · · · · · · · · · · ·	(Name of Perso	n)
	HOMELAND HEALTHCARE, LLC		
		(Firm/Company	y)
	825 MARKET STREET, SUITE 300		
		(Address)	
	ALLEN, TEXAS 75013		
	((City/State and Zip	code)
For fu	rther information concerning this ma	tter, please call:	
CHRIS	TY FORTENBERRY	at (324-5242
Enclos	(Name of Person) sed is a check for the amount:	(Area	a Code & Daytime Telephone Number)
\$35	Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing l Certified Copy (Additional co Enclosed)	Certificate of Status & Certified
	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

DISCOUNT SERVICES, INC

		(Name of Corpor	ration)	-		
		(Name of Corpor	ation			
	752707937 F13000003434					
	(Document Number of Corporation (if known)					
	TEXAS					
		(Incorporated Under	Laws of)			
		er transacting business or conduction athority to transact business or con	cting affairs within the State of Florida and and and affairs in Florida.	nd hereby		
appoint	ts the Department o		ent in Florida to accept service on its be process based on a cause of action arisinals in Florida.			
The foll	lowing is a current r	nailing address for the corporation	n:			
	825 MARKET STR		70. TAS:			
		(Mailing Addre	ess)			
	ALLEN, TEXAS 75	013	SS -5	1		
		(City/ State /Zi	ip)			
The cor	rporation agrees to n	otify the Department of State in the	ر عن المنافقة he future of any change in its maijing add	- Fress.		
,	Signature of a director, preceiver or other court ap	esident or other officer - if in the hands of a oppointed fiduciary, by that fiduciary)	1/29/2016 (Date)			
	REBA LEONARD		VP, SECRETARY & TREASURER			
	(Typed or printed	name of person signing)	(Title of person signing)			

FILING FEE \$35