F13000005228

| (Re | questor's Name) |) |
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| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer. | |
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| | Amendment Section Division of Corporations | | |
|-----------|---|---|-----|
| SUBJE | Secure One Capital Corporation | | |
| | | (Name of Corporation) | |
| DOCUN | MENT NUMBER:F13000005228 | | |
| The encl | osed withdrawal application and | nd fee are submitted for filing. | |
| Please re | eturn all correspondence concerni | ing this matter to the following: | |
| | James Pate | | |
| | | (Name of Person) | |
| | Secure One Capital Corporation | | |
| | | (Firm/Company) | |
| | 2600 Michelson Dr. Suite 300 | | |
| | | (Address) | |
| | Irvine, CA 92612 | | |
| | (| (City/State and Zip code) | |
| For furth | ner information concerning this ma | natter, please call: | |
| James Pa | te | at () 206-2829 | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | _ |
| Enclosed | d is a check for the amount: | | |
| □ \$35 H | Filing Fee | & 🗆 \$43.75 Filing Fee & = \$52.50 Filing Fee, See Certified Copy (Additional copy is Enclosed) See Section Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | ed) |
| Д Р | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314 | Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

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

| | | | () | Name of Corp | oration) | | | | | _ |
|-----|--------------|---------------|------------------|--|-------------|-------------------|----------|-------------|----------|----------|
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| | | (Ĭ | Document N | Number of Corp | poration (i | f known) | | | | _ |
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| Inc | rporated 1 | Under Law | vs of and da | nte authorized t | transact | business/c | onduct i | ts affairs) | | _ |
| | _ | | _ | ness or condu | _ | | | State of F | lorida a | ind here |
| ar | ment of | State as it | ts agent fo | registered as or service of onduct affair | process b | ased on a | • | | | |
| a | urrent n | nailing ad | ldress for t | the corporati | on: | | | | | |
| ich | elson Dr. S | Suite 300 | | | | | | | | |
| | | | | (Mailing Add | lress) | | | | | - |
| | 92612 | | | | | | | | | |
| ΞA | | | | (City/ State / | Zip) | | | | | _ |
| CA | | | | | | | | in ite moi | lino ada | dress. |
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| ag | director ore | sident or oth | , | in the hands of a | | | | (Date) | mig adv | |
| ag | director ore | sident or oth | her officer - if | in the hands of a | | | | | | 2025 Af |
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