F15000001436

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (C) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| , , | | | |
| (Document Number) | | | |
| · . | | | |
| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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MAY 05 2017

R. Wini:

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

| Date: _ | 5-4-17 ACCT. 120160000072 | wil SW |
|--|--|--------|
| Name: | GOV DELIVERY, Inc | |
| Document #: | | |
| Order #: | 10473065 | |
| Certified Copy of Arts & Amend: | | |
| Plain Copy: Certificate of Good Standing: | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
| Filling: | Certified: Plain: COGS: | |
| Availability Document Examiner Updater Verifier W.P. Verifier | Amount: \$ 35.00 | |

Thank you!

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

GovDelivery, Inc.

| (Name of Corporation) | - |
|--|--|
| F15000001436 | |
| (Document Number of Corporation | (if known) |
| Minnesota | |
| (Incorporated Under Laws | ol) |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in | affairs in Florida. |
| appoints the Department of State as its agent for service of procethe time it was authorized to transact business or conduct affairs i | ess based on a cause of action arising during n Florida. |
| The following is a current mailing address for the corporation: | and the second |
| 408 Saint Peter Street, Suite 600 | |
| (Mailing Address) | *** |
| St. Paul, MN 55102 | |
| (City/ State /Zip) | |
| The corporation agrees to notify the Department of State in the further state of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | ture of any change in its mailing address. 05/03/2017 (Date) |
| Tricia Belanger | Secretary |
| (Typed or printed name of person signing) | (Title of person signing) |

FILING FEE \$35