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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (512)418-6949 Phone

Fax Number

: (954)208-0845

DISSOLUTION OR WITHDRAWAL RETROTECH OF FLORIDA, INC.

Certificate of Status	0
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SIERI	ECT: Retrotech Inc.		
3000	ECI.	(Name of Corporation	n)
DOC	UMENT NUMBER: F15000005239		
The er	nclosed withdrawal application and	fee are submitted for fi	ling.
	return all correspondence concerning to the following:	g this	
	Lynleigh Richwine		
		(Name of Person)	
	Dematic Corp		
		(Firm/Company)	
	2727 Paces Ferry Road, Building One, St	uite 1500	
		(Address)	
	Atlanta, GA 30339		
	((City/State and Zip code))
For tu	arther information concerning this mat	tter, please call;	
		at ()	
Enclos	(Name of Person) sed is a check for the amount:	(Area Cod	e & Daytime Telephone Number)
□ \$ 3.	5 Filing Fee S43.75 Filing Fee & Certificate of Status	☐S43.75 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

Retrotech Inc.

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

(Name of Corporation)

(Document Number of Co	orporation (it known)
Delaware	
(Incorporated Un	ider Laws of)
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or	•
This corporation revokes the authority of its registered appoints the Department of State as its agent for service the time it was authorized to transact business or conduct	of process based on a cause of action arising during
The following is a current mailing address for the corpora	ation:
1275 John Street, Suite 400	DEC
(Mailing A	ddress) 27
	7
(Mailing Ac West Henricita, NY 14586	7
(Mailing Ad	7 AH H
(Mailing Ac West Henricita, NY 14586	7 AH 10: 50
West Henricita, NY 14586 (City/ State The corporation agrees to notify the Department of State	7 AH 10: 50
West Henricita, NY 14586 (City/ State	in the future of any change in its mailing address.

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Mirror Bideo Limited (the "Company"), a private limited company existing under the laws of England and Wales and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Mandy Lievre, Tracy Keilner, Tricia Belanger, Jennifer Kurz, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Company to act for the Company and in the Company's name for the limited purposes authorized herein.

The Company and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to withdraw the subsidiary, as directed and authorized by the Company.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Mandy Lievre, Tracy Kellner, Tricia Belanger, Jennifer Kurz shall exercise the power of Vice President, Secretary, Director, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this December 21, 2017

Mirror Bidco Limited

A private limited company existing under the laws of England and Wales

Mary Public, Notary Public

Name: Matthew R. Carlson

Title: Director

State of Michigan County of Kent

Name of Notary

On December 20, 2017, before me, the undersigned, a Notary Public in and for said State. personally appeared Matthew R. Carlson personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Flma Dila ('ruz Kimble

ELMA DE LA CRUZ KIMBLE Notary Public, State of Michigan

County of Kent A. S. My Commission Expires Acting in the County of