(Re	questor ⁱ s Name)	
(Ad	dress)	<u> </u>
hA)	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer		

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JIVIL JARALBOS FLORIDA TALLARALBOS FLORIDA

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

FILE FIRST

EXAMINER:

ACCOUNT NO. : I2000000195				
REFERENCE : 531864 4305738				
AUTHORIZATION : Spelle le man				
COST LIMIT : \$35'.00				
ORDER DATE: November 30, 2020				
ORDER TIME : 10:49 AM				
ORDER NO. : 531864-005				
CUSTOMER NO: 4305738				
FOREIGN FILINGS				
NAME: EOD WARRIOR FOUNDATION INCORPORATED				
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY				
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS				

CONTACT PERSON: Amanda Robinson - EXT#

COVER LETTER

TO:	O: Amendment Section Division of Corporations		
SHRJI	UBJECT: EOD Warrior Foundation Incorporated		
50 D 0.	(Name of Corporation)		
DOCU	OCUMENT NUMBER: F16000000426		
The en	he enclosed withdrawal application and fee are submitted for filin	g.	
Please	ease return all correspondence concerning this matter to the follow	ing:	
	Shannon Sottolano		
	(Name of Person)		
	Hirschler		
	(Firm/Company)		
	P.O. Box 500)		
	(Address)		
	Richmond, VA 23218-0500 EMAIL: ssottolano@hirschlerlav	v.com	
	(City/State and Zip code)		
For fur	or further information concerning this matter, please call:		
Shanno	nannon Sottolano 804 771-:	5677	
		& Daytime Telephone Number)	
Enclos	nclosed is a check for the amount:		
■ \$35	\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & Certificate of Status 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 Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 32314	orations Ilahassec Street, Suite 810	

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

EOD WARRIOR FOUNDATION INCORPORATED	
(Name of Corporation	
F16000000426	
(Document Number of Corporation	n (if known)
Commonwealth of Virgina; authorized to transact business in Fl	orida on 1/27/2016.
(Incorporated Under Laws of and date authorized to trans-	act business/conduct its affairs)
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 appoints the Department of State as its agent for service of proces time it was authorized to transact business or conduct affairs in Fl	s based on a cause of action arising during the
The following is a current mailing address for the corporation:	
716 Crestview Avenue	المنظمة المنظمة المنظمة المنظمة
(Mailing Address)	
Niceville, FL 32578	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees to notify the Department of State in the fire the corporation agrees the corporation agreement agrees the corporation agreement agrees the corporation agreed the corporation agrees th	ture of any change in its mailing address. SO POVEMBER 2020 (Date)
Greg K. Mittelman	Chairman
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35