

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

Office Use Only



700319710327

18 OCT 19 AM III 12

2018 OCT 19 AM 4: 38 SECRETARY DE STATE

G(C)

R. WHITE OCT 22 2018

## CT Corp.

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 10/19/2018

Acc#I20160000072					
	· • · · · · · · · · · · · · · · · · · ·		12010		
Name:	MHM SERV	ICES, INC.			
Document #:		,			
Order #:	11217432 LI	NE 19			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:					
Apostille/Notarial Certification:		Country of Destination: Number of Certs:			
Filing: <b>V</b>	Certified: Plain: COGS:		THIS IS A 1-2 FILING TO AV NAME CONFLICT. 1. PLEASE FILE THE POST M		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	35.00	WITHDRAWAL FIRST.  2. PLEASE FILE THE QUALIFI SECOND.		

Thank you!

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUB.	ECT: MHM Services, Inc.		
		(Name of Corporation	)
DOC	UMENT NUMBER: F16000000542		
The e	nclosed withdrawal application and	fee are submitted for fil	ing.
	e return all correspondence concerning r to the following:	g this	
		(Name of Person)	
		(Firm/Company)	<del></del>
		(Address)	
	(0	City/State and Zip code)	
For fu	orther information concerning this mat	ter, please call:	
		at ()_	
Enclo	(Name of Person) sed is a check for the amount:	(Area Cod	e & Daytime Telephone Number)
<b>⊠</b> \$3	5 Filing Fee \$\Bigcup \$\\$43.75 Filing Fee & Certificate of Status	\$43.75 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

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

(Name of Corporation)

MHM Services, Inc.

(Document Number of Corporation	n (if known)	
Delaware		
(Incorporated Under Law	s of)	
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	; affairs within the State of Florida and hereb et affairs in Florida.	ЭУ
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of proceedings it was authorized to transact business or conduct affairs	cess based on a cause of action arising during	nd ng
The following is a current mailing address for the corporation:		
7700 Forsyth Blvd., Ste. 700		
(Mailing Address) St. Louis, MO 63105	ZOIO OCT 19	WC RELI
(City/ State /Zip)	19	
The corporation agrees to notify the Department of State in the fu	uture of any change in its mailing address.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	[O lolt8	
Tricia Dinkelman	Vice President of Tax	
(Typed or printed name of person signing)	(Title of person signing)	

**FILING FEE \$35** 

FL032 - 06/27/2013 C.T. Filing Manager Online