

(F	Requestor's Name)			
(Address)				
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(Business Entity Name)				
(Document Number)				
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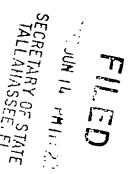
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Account#: 120000000088 June 14, 2022 Name: ASHLYN FREEMAN 1568112 Reference #:____ LIGHTWELL INC. Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger ✓ Dissolution/Withdrawal Fictitous Name **CERTIFIED COPY** ✓ Other ______

717 947.7200

Authorized Amount:

+44 (0)20.3786.1090

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797 JUN 14 PM 10:22

APPLICATION BY FOREIGN CORPORATION FOR WETHORAWATIOF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFEARS IN FLORIDA

	LIG	SHTWELL INC.	
	(Na	ime of Corporation)	
	F [.]	16000000818	
	(Document Nun	nber of Corporation	(if known)
	Ohi	o, 02/23/2016	
(Incor	porated Under Laws of and date	authorized to transa-	ct business/conduct its affairs)
	o longer transacting busines s its authority to transact bus		offairs within the State of Florida and hereby affairs in Florida.
appoints the Departm		service of process	Florida to accept service on its behalf and based on a cause of action arising during the rida.
The following is a cu	rrent mailing address for the	corporation:	
	55 WALKERS I	BROOK DR, 61	H FLOOR
	()	Mailing Address)	
		ding, MA 01867	
	(1	City/ State /Zip)	
The corporation agree	es to natify the Department of	of State in the futi	are of any change in its mailing address.
(Signature of a dir receiver or other	ector, president or other officer - if in court appointed fiduciary, by that fidu	the hands of a relary)	(Date)
Anthy (Typed of	printed name of person signing)		(Title of person signing)

FILING FEE \$35

COVER LETTER

TO:	Amendme Division o	nt Section f Corporations	
SUBJ	ECT:		LIGHTWELL INC.
			(Name of Corporation)
DOC	UMENT N	JMBER:	F1600000818
The e	nclosed with	drawal application and	fee are submitted for filing.
Please	e return all co	orrespondence concerning	g this matter to the following:
			(Name of Person)
			(Firm/Company)
			(Address)
	-	(C	City/State and Zip code)
For fu	rther inform	ation concerning this mat	ter, please call:
 -	(Na	me of Person)	at ()(Area Code & Daytime Telephone Number)
Enclos	sed is a chec	k for the amount:	
□ \$35	5 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	 □ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	P.O. Box 6	it Section Corporations	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303