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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2	20000000	195
	REFERENCE	: 67	79533	7157369
	AUTHORIZATION	SATA	usole	Man
	COST LIMIT	. <i>(</i> \$\	3 5.00	
ORDER DATE :	March 11, 2019			
ORDER TIME :	2:13 PM			
ORDER NO. :	679533-010			
CUSTOMER NO:	7157369			

FOREIGN FILINGS

	NAME:	AEDON	CONSULT	ING INC.		
<u> </u>		E PARTNERSH LIABILITY		Y		
<u>xxxx</u> v	WITHDRAWA:	L/CANCELL	ATION			
PLEASI	E RETURN :	THE FOLLO	WING AS	PROOF OF	FILING:	
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EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Aedon Consulting Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: F16000001094
The e	nclosed withdrawal application and fee are submitted for filing.
	e return all correspondence concerning this r to the following:
	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For fu	orther information concerning this matter, please call:
Enclo	(Name of Person) at () (Area Code & Daytime Telephone Number) sed is a check for the amount:
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	MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

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

Aedoff Consulting Inc.		
	(Name of Corporation)	
F16000001094		
(Docu	iment Number of Corporation (if known)	
Alberta, Canada		
	(Incorporated Under Laws of)	
voluntarily surrenders its authority to trar This corporation revokes the authority	g business or conducting affairs within the State of Florida and insact business or conduct affairs in Florida. of its registered agent in Florida to accept service on its behagent for service of process based on a cause of action arising siness or conduct affairs in Florida.	nalf and
The following is a current mailing address	ss for the corporation:	
2800 Post Oak Blvd., Ste 2600		19 HAR
	(Mailing Address)	= #
Houston, Texas 77056		<u> </u>
	(City/ State /Zip)	အ ိ သ
The corporation agrees to notify the Depa	artment of State in the future of any change in its mailing addre	ess.
(Signature of a director, president or other of receiver of other court appointed fiduciary.	O3/11/2019 O3/11/2019 (Date) O by that fiduciary)	
Claudia G. Santos	Assistant Secretary	

(Title of person signing)

(Typed or printed name of person signing)