F16000001478

	(Requestor's Name)
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	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	1te: 09/30/2022
	Acc#I20160000072
Name:	Advanced Homecare Management, Inc.
Document #:	
Order #:	14558150
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Phase file the withdrawal first, followed by the Qualification, Thank you! Country of Destination: Number of Certs:
Filing: 🚺	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: 5 43.75 Thank you!

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

Advanced Homecare Management, Inc.	
(Name of Corpora	ition)
F16000001478	ration (if known)
(Document Number of Corpor	ration (if known)
Delaware 03/29/2016	
(Incorporated Under Laws of and date authorized to	transact business/conduct its affairs)
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of pr time it was authorized to transact business or conduct affairs. The following is a current mailing address for the corporation 6688 N. Central Expressway. Suite 1300 (Mailing Addre	ocess based on a cause of action arising during the in Florida.
(Mating Addic	22.1
Dallas, TX 75206	
(City/ State /Zi	p)
The corporation agrees to notify the Department of State in the Ast Chad K. Knight	ne future 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)	(Date)
Chad Knight	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35