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TO: Amendment Section Division of Corporations		
SUBJECT: SYDA FOUNDATION		
(Name of Corporation)		
DOCUMENT NUMBER: F 16000004891		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ISHWAR MALLERET (Name of Person)	_	
SYDA FOUNDATION		
(Firm/Company)	_	
P.O BOX 600 (Address)	_	
SOUTH FALLS BURG, NY 12779 (City/State and Zip code)	-72	± <u>√</u>
(City/State and Zip code)	0	
For further information concerning this matter, please call:	20 AUG 14	25
ISHWAR MALLERET at (8A5) A3A 2000 (Name of Person) (Area Code & Daytime Telephone Numb	+ 	
(Name of Person) (Area Code & Daytime Telephone Numb	er <u>:</u>	ST/
Enclosed is a check for the amount:	~	HOIL)
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is Enclosed) \$43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & Ce Copy (Additional copy is Enclosed)	rtified	d
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		

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

SYDA FOUNDATION
(Name of Corporation)
(Document Number of Corporation (if known)
New York State June 13, 1974 (Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
P. O. BOX 600 (Mailing Address)
(Mailing Address) (Mailing Address) SOUTH FALLS BURG NT 12779 (City/ State /Zip) A ROOM
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary) (Date)
Rambha Brinton Secretary (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35