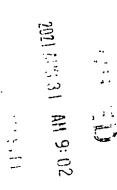
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| (Red | questor's Name) | | |
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| (Ado | dress) | | |
| (Add | dress) | | |
| (City | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to F | Filing Officer: | | |
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Office Use Only



800372535828



DIVISION STATIONS TALLAHASSEE, FLORIDA

SEP 0 1 202 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE <u>08/31/202</u> | :1 | ⇔WALI | v na |
|-----------------------|-------------------------|--|---------------|
| FNTITV NAMF | ITC CAPITAL PAYROL | | ₹ <i>H</i> ∀° |
| LINTITY INAPIL_ | | | |
| DOCUMENT NUI | MBER_ F17000003757 | | |
| | **PLEASE FILL | E THE ATTACHED AND RETURN** | |
| xxxxx | Plain Copy | | |
| | Certified Copy | | |
| | Certificate of State | ntus | |
| | | HE FOLLOWING FOR THE ABOVE ENTITY** Arts & Amendments | |
| | Certificate of Good | rd Standing | |
| | **APOSTILLE" | '/ NOTARIAL CERTIFICATION** | |
| COUNTRY OF DES | | | |
| NUMBER OF CER | TIFICATES REQUESTED_ | | |
| TOTAL OWED\$ | 35.00 | ACCOUNT #: I20160000072 | |
| | | 5. 8 FM | |
| Please call Tin | a at the above number 1 | for any issues or concerns. Thank you so much! | |

COVER LETTER

| | mendment Section ivision of Corporations | |
|-------------------|---|---|
| SUBJEC | T: ITC CAPITAL PAYROLL, INC. | |
| | | (Name of Corporation) |
| DOCUM | ENT NUMBER: F17000003757 | |
| The enclo | sed withdrawal application and | fee are submitted for filing. |
| Please ret | urn all correspondence concernin | g this matter to the following: |
| | John Kemp | |
| • | | (Name of Person) |
| I | TC CAPITAL PAYROLL, INC. | |
| - | | (Firm/Company) |
| : | 8120 Frederick Road, Suite E | |
| _ | | (Address) |
| (| Opelika, Alabama 36801 | |
| _ | ((| City/State and Zip code) |
| For furthe | r information concerning this ma | tter, please call: |
| Kathy Clark | • | 800 567-4397 at () |
| | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed | is a check for the amount: | |
| ⊒ \$35 Fil | ing Fee | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Enclosed) |
| Ar Di P.0 | niling Address: nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

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

ITC CAPITAL PAYROLL, INC.

| | (Name of Corporation) | | | |
|--------|--|-----------------------|-----------------|-----|
| | F17000003757 | | | |
| | (Document Number of Corporation (if known) | | | |
| | 08/21/2017 | | | |
| | (Incorporated Under Laws of and date authorized to transact business/conduct its affair | rs) | | |
| | orporation is no longer transacting business or conducting affairs within the State of arily surrenders its authority to transact business or conduct affairs in Florida. | f Florida | and here | :by |
| appoin | orporation revokes the authority of its registered agent in Florida to accept servints the Department of State as its agent for service of process based on a cause of action was authorized to transact business or conduct affairs in Florida. | ion arisin | ng during t | |
| The fo | llowing is a current mailing address for the corporation: | | 2021 (1)(5 31 8 | |
| | 3120 Frederick Road, Suite E | | 300 | |
| | (Mailing Address) | — . | | • |
| | Opelika, Alabania 36801 | <u>2</u> :. | 31 AN 9: 02 | 7 |
| | (City/ State /Zip) | - : | : 02 | • |
| The co | rporation agrees to notify the Department of State in the future of any change in its | mailing a | address. | |
| | 8/30/20 | 21 | | |
| | (Signature of a director, president or other officer - if in the hands of a recover of other court appointed fiduciary, by that fiduciary) (Date) | | | |
| | The harm Axis GC/1 (Typed or minted name of person signing) (Title of person | Alanara m signing) | 1 Rm | |
| | (12) and harmon services of the rest sufficients. | | | |

FILING FEE \$35