

# F17000004592

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

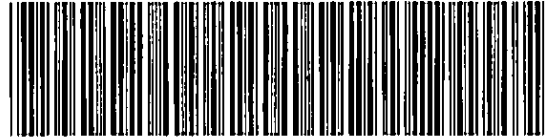
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/08/21--01021--022 \*\*35.00

RAWHTE

MAY 10 2021

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASCEND HR, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F17000004592  
\_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA RAWLINGS  
\_\_\_\_\_  
(Name of Person)  
ASCEND MEDICAL STAFFING, LLC.  
\_\_\_\_\_  
(Firm/Company)  
450 EAST 1000 NORTH  
\_\_\_\_\_  
(Address)  
NORTH SALT LAKE, UT 84054  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

PATRICIA RAWLINGS  
\_\_\_\_\_  
(Name of Person) at ( 801 ) 299-6300  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

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

ASCEND HR, INC.

\_\_\_\_\_  
(Name of Corporation)

F17000004592

\_\_\_\_\_  
(Document Number of Corporation (if known))

UTAH and

\_\_\_\_\_  
(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:

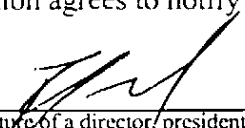
450 EAST 1000 NORTH

\_\_\_\_\_  
(Mailing Address)

NORTH SALT LAKE, UT 84054

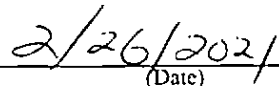
\_\_\_\_\_  
(City/ State /Zip)

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 or other court appointed fiduciary, by that fiduciary)

RODNEY T. KEARL

\_\_\_\_\_  
(Typed or printed name of person signing)

  
\_\_\_\_\_  
(Date)

EXECUTIVE V.P.

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**