F180000029412

| (Requestor's Name) | | |
|--|-----------------------|-----------|
| (Ac | ddress) | |
| (Āc | ddress) | |
| (CI | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL MAIL |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| an red Copies | Certificates o | f Status |
| Energial Instructions to Filing Officer. | | |
| J. HORNE | | |
| JAN 1 1 2023 | | |
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Office Use Only



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2023 JAN TO AM TO: 20

SECRETARY OF STALLAHAS SEED TO





CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | |
|--|--|--|
| REFERENCE : 338768 8390430 | | |
| AUTHORIZATION: | | |
| COST LIMIT 35.00 | | |
| ORDER DATE : January 9, 2023 | | |
| ORDER TIME : 8:18 AM | | |
| ORDER NO. : 338768-020 | | |
| CUSTOMER NO: 8390430 | | |
| | | |
| FOREIGN FILINGS | | |
| NAME: HC2 LPTV HOLDINGS, INC. | | |
| XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | | |
| XXXX WITHDRAWAL/CANCELLATION | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS | | |

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

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

. . .

| HC2 LPTV Holdings, Inc. | |
|--|--|
| (Name of | Corporation) |
| F18000002942 | Corporation (if known) ACCORDINATION ACCORDINATIO |
| (Document Number of | (Corporation (if known) |
| DE 06/22/2018 | |
| (Incorporated Under Laws of and date author | ized to transact business/conduct its affairs) |
| This corporation is no longer transacting business or c voluntarily surrenders its authority to transact business | onducting affairs within the State of Florida and hereby or conduct affairs in Florida. |
| | ed agent in Florida to accept service on its behalf and e of process based on a cause of action arising during the affairs in Florida. |
| The following is a current mailing address for the corporate of the corpor | oration: |
| 295 Madison Avenue, 12th Fl. | |
| (Mailing | Address) |
| New York, NY 10017 | |
| (City/ S | tate /Zip) |
| The corporation agrees to notify the Department of Sta | te in the future of any change in its mailing address. |
| Jeanne C. Rouleau | 01/09/2022 |
| (Senature of a director, president or other officer - if in the han receiver or other court appointed fiduciary, by that fiduciary) | ds of a (Date) |
| Jeanne E. Rouleau | Secretary |

FILING FEE \$35

(Title of person signing)

(Typed or printed name of person signing)