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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	06/11/2024				
Name:	Patrice Rush				
	2328781				
		SECURITY (US) INC.			
		rization to Transact Business			
☐ Amer	ndment				
Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
✓ Dissolution/Withdrawal					
Fictitious Name					
Other	Γ	<u> </u>			
Authorized A	Amount: \$35.0	00			
Signature:	(Fret M				

F: +852.2682.9790

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

NTT Security (US) Inc
(Name of Corpo	oration)
	7
F18000003	oration) 899
(Document Number of Corp	poration (if known)
Delaware	
(Incorporated Under Laws of and date authorized t	o transact business/conduct its affairs)
This corporation is no longer transacting business or condu- voluntarily surrenders its authority to transact business or co-	
This corporation revokes the authority of its registered as appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affair	process based on a cause of action arising during the
The following is a current mailing address for the corporation	on:
4000 Town Center	r, STE 200
(Mailing Add	ress)
Southfield, MI 48	075-1414
(City/ State /	Zip)
The corporation agrees to notify the Department of State in	the future of any change in its mailing address.
DocuSigned by:	10 June 2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed tiduciary, by that fiduciary)	a (Date)
Naoyuki Inoue	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUB.	JECT:	NTT Security (US) Inc
		(Name of Corporation)
DOC	CUMENT NUMBER:	F18000003899
The o	enclosed withdrawal application	and fee are submitted for filing.
Pleas	se return all correspondence conce	rning this matter to the following:
		(Name of Person)
		(Firm/Company)
		(Address)
		(City/State and Zip code)
For f	urther information concerning this	s matter, please call:
		at ()
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	osed is a check for the amount:	
□ \$3	35 Filing Fee □ \$43.75 Filing Fe Certificate of Sta	ce & 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee. atus Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303