## F19000002165

| (Requestor's Name)                      |  |  |
|---|--|--|
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (Address)                               |  |  |
| ( Addiess)                              |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
|   |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
| ,                                       |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



200386832052

2022 HAY 16 AM 11:21

2022 MAY 16 AM II: I

SPICES

RECFIVED

Cf 5/17/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 676085 8322999 AUTHORIZATION COST LIMIT ORDER DATE: May 14, 2022 ORDER TIME : 9:47 AM ORDER NO. : 676085-015 CUSTOMER NO: 8322999 FOREIGN FILINGS NAME: CORNEAGEN, INC. XX CORPORATE \_\_ LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY

EXAMINER:

XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

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

| CorneaGen Inc.  | SECIL TALLAMASSEE, FL   |
|---|---|
| (Name of Corpora  | tion)   |
| F19000002165  |   |
| (Document Number of Corpor  | ation (if known)  |
| Delaware 05/03/2019   |   |
| (Incorporated Under Laws of and date authorized to to   | ransact business/conduct its affairs)   |
| This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of protime it was authorized to transact business or conduct affairs in | duct affairs in Florida.  It in Florida to accept service on its behalf and occss based on a cause of action arising during the |
| The following is a current mailing address for the corporation  | :   |
| 1200 6th Avenue. Suite 300  |   |
| (Mailing Addres   | s)  |
| Seattle WA 98101  |   |
| (City/ State /Zip   | )   |
| The corporation agrees to notify the Department of State in the   | e future of any change in its mailing address.  |
| Amendan pro-  | 5/13/2022   |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)   | (Date)  |
| Annie Thompson  | CFO   |
| (Typed or printed name of person signing)   | (Title of person signing)   |

**FILING FEE \$35**