(Requestor's Name)
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 372186 8105231

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 20, 2024

ORDER TIME : 1:26 PM

ORDER NO. : 372186-035

CUSTOMER NO: 8105231

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#### FOREIGN FILINGS

NAME: ATHOS MANAGEMENT SERVICES,

INC.

XXX\_\_ 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

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER: \_\_\_\_\_

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Athos Management Serv	rices, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed withdrawal applica	ition and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For further information concerning	g this matter, please call:
	at ()
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount	t:
□ \$35 Filing Fee □ \$43.75 Filin Certificate o	
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, El. 32303

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

Athos Management Services-AMS, Inc.

(Name of Corpora	ntion)
F19000002415	7074
(Document Number of Corpor	ration (if known)
Texas	
(Incorporated Under Laws of and date authorized to t	ransact business/conduct its affairs)
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or con-	ting affairs within the State of Florida and here
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of pro- time it was authorized to transact business or conduct affairs i	ocess based on a cause of action arising during
The following is a current mailing address for the corporation	:
c/o Chris White, 600 Las Colinas Blvd. E. Suite 900	
(Mailing Addres	ss)
Irving, TX 75039	
(City/ State /Zip	0)
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.
(Signature of a director, president or other officer - it in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Christopher Brian White	Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35** 

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJE	Athos Management Services, Inc.	
0 0 1507 1	(Name of Corporation)	
DOCU	MENT NUMBER:	
The en	closed withdrawal application and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	(Name of Person)	
	(Firm/Company)	
	(Address)	
	(City/State and Zip code)	
For fur	ther information concerning this matter, please call:	
	(Name of Person) at ()  (Area Code & Daytime Telephone Number)	_
Enclose	ed is a check for the amount:	
□ \$35	Filing Fee \$\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee,} \\ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy (Additional copy is Enclosed)	;e
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	