# F2100001097

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

Office Use Only



400398469734

withdrawd

12/12/22-+01002-+013 \*\*35.00

2022 DEC 12 PH12: 07

RECEIVED

TOPO OFFICI AM

A. RAMSEY
DEC 13 2022

## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

	PICK	MISTY 12/12					
	CERTIFIED COPY	<u> </u>					
XX	PHOTOCOPY CUS						
XX	FILING	FOREIGN WITHDRAWAL					
1.	NUWAY HEALTH INC. (CORPORATE NAME AND DOCUM						
2.	(CORPORATE NAME AND DOCUM	1ENT #)					
3.	(CORPORATE NAME AND DOCUM	IENT #)					
<b>1</b> .	(CORPORATE NAME AND DOCUM	1ENT #)	<del></del>				
5.	(CORPORATE NAME AND DOCUM	IENT #)					
<b>5.</b>	(CORPORATE NAME AND DOCUM	IENT #)					
SPECIAI INSTRU	L CTIONS:						

#### **COVER LETTER**

TO:	Amendment Division of (							
SUBJECT:		Nu¹	Way Health Inc					
		-	(Name of Corporation)					
DOCUMENT NUMBER:		IBER: F	21000001097					
The er	iclosed withd	rawal application and	fee are submitted for filir	ng.				
Please	return all con	respondence concerning	g this matter to the follow	ing:				
		Loi	uis J. Marasco,	Jr				
			(Name of Person)	· · · · · · · · · · · · · · · · · · ·				
	Olshan Frome Wolosky LLP							
			(Firm/Company)					
		1325 Avenue	of the America	s. 15th Floor				
			(Address)					
		New	York, NY 10019	)				
		(C	City/State and Zip code)					
For fur	ther informati	on concerning this mat	ter, please call:					
	Louis J. I	Marasco, Jr.	at ( 212 ) 4	51-2340				
	(Nam	e of Person)	(Area Code o	& Daytime Telephone Number)				
Enclos	ed is a check (	for the amount:						
□ <b>\$</b> 35	Filing Fee [	3 \$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 Addres Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Amendment Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Hahassee Street, Suite 810				

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

NuWay Health Inc.					
(Name of Corporation)	20 DE				
F2100001007					
F2100001097 (Document Number of Corporation (if known)					
D. I	2022 DEC 12 AH 10: C				
Delaware, 02/24/2021					
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)	٠, د				
This corporation is no longer transacting business or conducting affairs within the State of Florida anyoluntarily surrenders its authority to transact business or conduct affairs in Florida.	d hereby				
This corporation revokes the authority of its registered agent in Florida to accept service on its be appoints the Department of State as its agent for service of process based on a cause of action arising drime it was authorized to transact business or conduct affairs in Florida.	chalf and uring the				
The following is a current mailing address for the corporation:					
760 Teton Court					
(Mailing Address)					
Naples, Florida 34104 (City/ State /Zip)					
The corporation agrees to notify the Department of State in the future of any change in its mailing address of a large of a dukeyfr, president or other officer - if in the hands of a receiver or other count appointed fiduciary, by that fiduciary)	ess.				
Cheryl Marie Director & Presider (Typed or printed name of person signing) (Title of person signing)	<u>nt</u>				

**FILING FEE \$35**