Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000095843 3)))



H240000958433ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

DISSOLUTION OR WITHDRAWAL

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

TRIPLEBLIND, INC.

24 (BR 12 PM 1

Electronic Filing Menu

Corporate Filing Menu

Help

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

Triple	Blind, Inc.	
(Name of	f Corporation)	
F220	00000356	
(Document Number of	of Corporation (if known)	
Delaware	01/14/2022	<u>-</u>
(Incorporated Under Laws of and date author	rized to transact business/conduct it	s affairs)
This corporation is no longer transacting business or voluntarily surrenders its authority to transact business		State of Florida and hereby
This corporation revokes the authority of its registe ppoints the Department of State as its agent for servicine it was authorized to transact business or conduct	ce of process based on a cause	of action arising during the
he following is a current mailing address for the corp	poration:	HAR 12 AM 8:
800 W 47th Street Ste 600		
(Mailin	ng Address)	SSEC.FL
Kansas City, MO 64112		
(City/	State /Zip)	
The corporation agrees to notify the Department of St	ate in the future of any change	in its mailing address.
(Signature of a director, president or other officer - If in the har receiver or other court appointed fiduciary, by that fiduciary)		0 24 (Date)
Riddinan Das (Typed or printed name of person signing)	CE D	of person signing)

FILING FEE \$35