Faa0000031651

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| J. HORNE | | | | | |
| J. HORNE APR - 8 2024 | | | | | |

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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

| Da | ate: 04/05/2024 |
|--|---|
| | Acc#120160000072 |
| Name: | KINGSBRIDGE SHARED SERVICES, INC. |
| Document #: | |
| Order #: | 15476421 |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good | 1-2 FILING |
| Standing: Certified Copy of | ☐ Withdrawal 1st - Registration 2nd |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: |
| Filing: 🚺 | Certified: Email Address for Annual Report Notifications Plain: COGS: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 35.00 |

Thank you!

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

| | Kingsbridge Sha | red Services, Inc. | | |
|--------------------|--|---|---|--|
| | | (Name of Corporation) |) | |
| | F22000003657 | | | |
| | · · · · · · · · · · · · · · · · · · · | (Document Number of Corporation | ı (if known) | 2024 A |
| | 5/25/22 | Illinois | | R T T T T T T T T T |
| | (Incorpora | ated Under Laws of and date authorized to trans- | act business/conduct its a | |
| This co volunta | rporation is no le rily surrenders it | onger transacting business or conducting s authority to transact business or conduct | affairs within the Sta t affairs in Florida. | te of Florida and hereb |
| appoint | s the Departmen | es the authority of its registered agent in t of State as its agent for service of proces o transact business or conduct affairs in F | s based on a cause of | ervice on its behalf an action arising during th |
| The follow | lowing is a curre | nt mailing address for the corporation: | | |
| | 6318 Kingsbridg | e Drive | | |
| | | (Mailing Address) | | |
| | Cary, IL 60013 | | | |
| | | (City/ State /Zip) | | |
| The cor | rporation agrees | to notify the Department of State in the fu | | its mailing address. 2:55 PM CDT |
| | VIIO 7. | COABAGE OF OTHER OFFICER - if in the hands of a | | Date) |
| | receiver or other cou | or, president or other officer - 1 in the natios of a int appointed fiduciary, by that fiduciary) | (1. | · · · · · · · |
| | Vito P. LoVerde | | Chief Legal Officer | & Secretary |
| | (Typed or pri | nted name of person signing) | (Title of | person signing) |

FILING FEE \$35