000001367 Requester's Name Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) 000004493630---07/24/01--01063--001 (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in ☐ Certificate of Status ☐ Will wait Photocopy Mail out **AMENDMENTS NEW FILINGS** ☐ Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Merger Other

OTHER FILINGS

Annual Report
Fictitious Name

b/ [

REGISTRATION/QUALIFICATION

Foreign
Limited Partnership
Reinstatement

Trademark

Other

Examiner's Initials

CR2E031(7/97)____

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

Well Safe, Inc. (Name of Corporation)	
(Name of Corporation)	
(Incorporated Under Laws Of)	=
(moorpotated onder Daws Of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.	a
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.	s f
The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.	
	SCT)
	ě.
201 Energy Pkwy, Ste 402 55 =	i i
(Mailing Address)	
201 Energy Pkwy, Ste 402 SST, 24 (Mailing Address) Lafayette, LA 70508 (City/ State /Zip)	200
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	,
Signature of the chairman or vice chairman of the board, Title	
Signature of the chairman or vice chairman of the board, Title president, or any officer.	
Signature of the chairman or vice chairman of the board, president, or any officer. Title My Clark 16/6/ Typed or printed name Date	
Typed or printed name Date	