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| (Requestor's Name) | | | | | |
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| (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 | | | | | |
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T. LEMIEUX

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 093799 7526161 AUTHORIZATION -COST LIMIT ORDER DATE: December 9, 2019 ORDER TIME : 10:03 AM ORDER NO. : 093799-040 CUSTOMER NO: 7526161 FOREIGN FILINGS NAME: CBS OPERATIONS INC. XX 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

EXAMINER:

CONTACT PERSON: Kadesha Roberson - EXT#

COVER LETTER

| TO: | | ndment Section sion of Corporations | | | |
|----------------|------------------------------------|---|---|----------|--|
| CYID | | · | ATIONS INC. | | |
| SUB. | JECT: | 4) | lame of Corpo | ration) | |
| DOC | UME | NT NUMBER: | | | |
| The e | enclose | d withdrawal application and fee | are submitted | for fili | ng. |
| | | n all correspondence concerning this following: | is | | |
| | P | shley Chaffin | | | |
| | | (1 | Name of Perso | n) | |
| | ٧ | iacomCBS Inc. | | | |
| | (Firm/Company) 51 West 52nd Street | | | | |
| | | | | | |
| (Address) | | | | | |
| | Ν | ew York, NY 10019 | | | _ |
| | ***** | (City | /State and Zip | code) | |
| For f | urther | information concerning this matter, | , please call: | | |
| Ashley Chaffin | | | 212 at (|) | 975 - 3376 |
| Encl | osed is | (Name of Person) a check for the amount: | (Are | a Code | e & Daytime Telephone Number) |
| \$3 | 35 Filii | rig Fee \$\int \$43.75 \text{ Filing Fee & Certificate of Status} | \$43.75 Filing Certified Copy (Additional co Enclosed) | , | \$52.50 Filing Fcc, Certificate of Status & Certified Copy (Additional copy is enclosed |
| | | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314 | | | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301 |

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

| CBS OPERATIONS IN | IC. |
|---|--|
| (Name of Corporation |) |
| (Document Number of Corporation | n (if known) |
| DELAWARE | |
| (Incorporated Under Law | s of) |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conductive of its registered agent in | ct affairs in Florida. |
| This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of proof the time it was authorized to transact business or conduct affairs | cess based on a cause of action arising during |
| The following is a current mailing address for the corporation: | |
| 51 West 52nd Street | |
| (Mailing Address) New York, NY 10019 | 200 PEC 19 PEC 1 |
| (City/ State /Zip) | - G |
| The corporation agrees to notify the Department of State in the f | uture of any change in its mailing address. |
| Sala | December 17, 2019 |
| (Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary) | (Date) |
| Syed Ahmer Wasim | Vice President & Assistant Secretary |
| (Typed or printed name of person signing) | (Title of person signing) |