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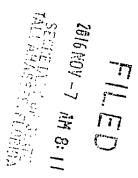
(Requestor's Name)		
(Address)	<u> </u>	
(Address)		
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TO:	Amendment Section Division of Corporations		
SUBJI	D 1 D 1	ando, Inc.	
		(Name of Corporatio	n)
DOCU	MENT NUMBER: F97000)04974	****
The en	closed withdrawal application and	fee are submitted for f	iling.
	return all correspondence concerning to the following:	g this	
	Jimmie D. Williams		
		(Name of Person)	
	Belz Enterprises		
	٠:	(Firm/Company)	
	100 Peabody Place	, Suite 1400	
	v	(Address)	
	Memphis, TN 38103	3	
	((City/State and Zip code)
For fur	ther information concerning this mat	tter, please call:	
Jimi	mie D. Williams	_{at (} 901 ₎ 7	767-4780
Enclose	(Name of Person) ed is a check for the amount:		de & Daytime Telephone Number)
\$35	Filing Fee \$\int \\$43.75 \text{ Filing Fee & Certificate of Status}	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	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

Belz Partners Orlando, Inc.

2016 N SECR TALLA
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STATE OF THE PROPERTY OF THE P
n the State of Florida and hereby orida.
accept service on its behalf and a cause of action arising during
hange in its mailing address. ber 31, 2016 (Date)
Secretary, Treas. (Title of person signing)