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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL BALBOA INSURANCE SERVICES, INC.

| Certificate of Status | 0       |
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## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

Balbon Insurance Services, Inc.

| 1-98000000529   |   |  |
|---|---|--|
| (Document Number of Corporation (if known)  | <del></del>                                   |  |
|   |   |  |
| California (Incorporated Under Laws of)   | -   |  |
| (   |   |  |
| This corporation is no longer transacting business or conducting affairs within the State voluntarily surrenders its authority to transact business or conduct affairs in Florida.  | of Florida and hereby                         |  |
| This corporation revokes the authority of its registered agent in Florida to accept servappoints the Department of State as its agent for service of process based on a cause of the time it was authorized to transact business or conduct affairs in Florida. | vice on its behalf and faction arising during |  |
| The following is a current mailing address for the corporation:   | 2019 FEB                                      |  |
| 315 Montgomery Street, 5th Floor  |   |  |
| (Malling Address)   |   |  |
| San Francisco, CA 94104   | 至8:58   |  |
| (City/State/Zip)  | 8:1   |  |
|   |   |  |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address.  |   |  |
| (Signature of a director, president or other officer of in the hands of a receiver or other count exposited fiduciary, by that fiduciary)  (Date)   | 19  |  |
| Christian State Cottamagna State (Tiped or printed name of person signing) (Title of person)  | Local Juning)                                 |  |
| FILING FEE \$35   |   |  |