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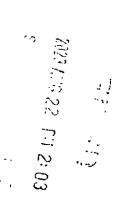
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| Certified Copies | Certificates | of Status | | | |
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| Special Instructions to Fi | ling Officer. | | | | |
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Office Use Only



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S. CHATHAM AUG & 3 2023



2029 AUG 22 AM II: 10

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

Tallahassee, FL 3230 Phone: 850-558-1500

| | | | ACCO | UNT NO. | : | 12000000 | 0195 |
|--|--------|-----|----------|----------|------|------------|-------|
| | | | RÉ | FERENCE | : | 947410 | 4264A |
| | | | AUTHOR | IZATION | : | Sak | Alkan |
| | | | cos | T LIMIT | : | \$ 35.00 | / |
| ORDER | DATE | : | August 2 | 1, 2023 | | | |
| ORDER | TIME | : | 9:39 AM | | | | |
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| | NAME | : | LTK C | ONSULTIN | G SI | ERVICES, | INC. |
| XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | | | | | | | |
| <u>XXXX</u> W | TTHDR | AWA | L/CANCEL | LATION | | | |
| PLEASE | RETU | RN | THE FOLL | OWING AS | PRO | OF OF FI | LING: |

EXAMINER:

COVER LETTER

| | mendment Section Division of Corporations | |
|------------------|--|---|
| SUBJEC | 1 TK Consulting Services Inc | |
| DODGE | | (Name of Corporation) |
| DOCUM | TENT NUMBER: | 2 |
| The encl | osed withdrawal application an | nd fee are submitted for filing. |
| Please re | turn all correspondence concerni | ing this matter to the following: |
| | Jody Bleam | |
| | | (Name of Person) |
| | LTK Consulting Services, Inc. | |
| | | (Firm/Company) |
| | 100 West Butler Avenue | |
| | | (Address) |
| | Ambier, PA 19002 | |
| | | (City/State and Zip code) |
| For furth | er information concerning this m | natter, please call: |
| Jody Blead | m | at (215) 542 0700 |
| | (Name of Person) | at (215) 542 0700 (Area Code & Daytime Telephone Number) |
| Enclosed | is a check for the amount: | |
| ≡ \$ 35 F | iling Fee | & 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee, S Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) |
| A D P | Lailing Address: Limendment Section Division of Corporations LO. Box 6327 allahassee, FL 32314 | Street Address: Amendment Section Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

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

LTK Consulting Services, Inc.

| (Name of | Corporation) | | | | | |
|--|---|--|--|--|--|--|
| F98000000922 | | | | | | |
| (Document Number of | Corporation (if known) | | | | | |
| Pennsylvania, 8/1/1984 | | | | | | |
| (Incorporated Under Laws of and date authorized to transact business/conduct its affairs) | | | | | | |
| This corporation is no longer transacting business or c voluntarily surrenders its authority to transact business | onducting affairs within the State of Florida and hereby or conduct affairs in Florida. | | | | | |
| This corporation revokes the authority of its registere appoints the Department of State as its agent for service time it was authorized to transact business or conduct a | ed agent in Florida to accept service on its behalf and e of process based on a cause of action arising during the ffairs in Florida. | | | | | |
| The following is a current mailing address for the corpo | pration: | | | | | |
| 100 West Butler Avenue | #1; @3 | | | | | |
| (Mailing | Address) | | | | | |
| Ambler, PA 19002 | - 2: | | | | | |
| (City/ S | tate /Zip) | | | | | |
| The corporation agrees to notify the Department of Stat | te in the future of any change in its mailing address. | | | | | |
| (Signature of a dimeter, president or other officer - If in the hand receiver or other court appointed fiduciary, by that fiduciary) | 8/11/2 3 (Date) | | | | | |
| Jody Bleam | Corporate Secretary | | | | | |
| (Typed or printed name of person signing) | (Title of person signing) | | | | | |

FILING FEE \$35