F99000004634

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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2022 APR 15 AM 10: 23 SECRETARY OF STATE TALLAHASSEF FI

A. BUTLER
JUN - 3 2022

COVER LETTER

COVER BEITER		
TO: Amendment Section Division of Corporations		
SUBJECT: Southeastern Employee Ber	nefits Group, Inc.	
SUBJECT.	(Name of Corporation)	
DOCUMENT NUMBER: F9900000)4634	
The enclosed withdrawal application	on and fee are submitted for filing.	
Please return all correspondence con-	cerning this matter to the following:	
Thomas S. Amato		
	(Name of Person)	
Group Management Services, Inc	: .	
	(Firm/Company)	
PO Box 21933		
	(Address)	
Eagan, MN 55121		
	(City/State and Zip code)	
For further information concerning the	nis matter, please call:	
Thomas Amato	at (659-0104	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the amount:		
□ \$35 Filing Fee ■ \$43.75 Filing Certificate of \$		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee FI 32314

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

Southeastern Employee Benefits Group, Inc.	
(Name of Corporatio	n)
F99000004634	
(Document Number of Corporation	on (if known)
Georgia, March 22, 1993	
(Incorporated Under Laws of and date authorized to trans	sact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the conducting to the conducting	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in I	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
PO Box 21933	
(Mailing Address)	
Eagan, MN 55121	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the f	future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	4/5/2Z (Date)
Thomas S. Amato	Secretary, General Counsel
(Typed or printed name of person signing)	(Title of person signing)