

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:





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18 SEP 24 PH 4: STATE

95/1875

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 409653 7206337

AUTHORIZATION

COST LIMIT : \$\25.00

ORDER DATE: September 24, 2018

ORDER TIME : 3:23 PM

ORDER NO. : 409653-005

CUSTOMER NO: 7206337

FOREIGN FILINGS

NAME: NATIONWIDE ADVISORY SERVICES,

LLC

___ CORPORATE

LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES

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ow satisfies the requirements onces the following	of s. 605.01
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e of Florida)	
of Florida) 09/24/2018	15 CES 114
	ow satisfies the requirements of

Make check payable to Florida Department of State and mail to:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E128 (2/14)