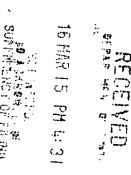
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(Requestor's Name)					
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(Cib./Ctata 77:a/Dhana 40					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					

Office Use Only



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MAR 1 6 2016 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 0,62264 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: March 15, 2016 ORDER TIME : 2:37 PM ORDER NO. : 062264-005 CUSTOMER NO: 7717464 FOREIGN FILINGS NAME: SEECHANGE HEALTH LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ____ PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

	egistration ivision of (Section Corporations			
SUBJECT	SeeCl	SeeChange Health LLC			
SCHOLCI	•	(Name of Fore	eign Limited Liabi	lity Company)	
Dear Sir or	Madam:				
The enclose	ed withdra	wal and fee(s) are submitted	l for filing.		
Please retui	rn all corre	spondence concerning this	matter to the follow	ving:	
Thomas	Smith				
		(Name of Person)			
HealthM	line, Inc	•			
		(Firm/Company)	<u> </u>		
2911 Tu	rtle Cre	ek Boulevard, Suite 8	380		
		(Address)		_	
Dallas,	Texas 7	5219			
-		(City/State and Zip Code	=)		
For further	informatic	on concerning this matter, pl	ease call:		
Thomas	Smith		469	730-5320	
	(Na	me of Person)		de & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed i	s a check i	for the following amount:			
☑ \$ 25 Fili	ng Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SeeChange Health LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
03/05/2010	
(Date registered with Florida Department of State)	
M1000001042	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
	I
(Signature of authorized representative)	ALL SE
Thomas Smith	16 MAR 15 CERETARY LAHASSE
(Typed or printed name of signee)	TAR ASS
	AM BI
	TAN O

Filing Fee: \$25.00