

With

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: E4 Health, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F15000003731

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Missy Schrib

(Name of Person)

E4 Health, Inc.

(Firm/Company)

2 Richmond Square Suite 110

(Address)

Providence, RI 02906-5135

(City/State and Zip code)

For further information concerning this matter, please call:

Missy Schrib

(Name of Person)

at (972) 810-3031

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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

E4, Health, Inc.

(Name of Corporation)

F15000003731

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

2 Richmond Square Suite 110

(Mailing Address)

Providence, RI 02906-5135

(City/ State /Zip)

FILED
19 FEB 25 PM 6:18

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Missy Schrib

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

02/12/19

(Date)

Missy Schrib

(Typed or printed name of person signing)

Chief Financial Officer

(Title of person signing)

FILING FEE \$35