F1500003731

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Opecial instructions to 1 ming Officer.					

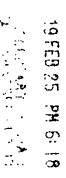
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With

COVER LETTER

TO:	Amendment Section Division of Corporations				
	ECT: E4 Health, Inc.				
SUBJI	ECT: Livinguiti, mo.	(Name of Corpora	tion)		
DOCU	MENT NUMBER: F150000		<u></u>		
The en	closed withdrawal application and fo	e are submitted fo	r tiling.		
	return all correspondence concerning to the following:	this			
	Missy Schrib				
		(Name of Person)			
	E4 Health, Inc.				
	(Firm/Company)				
	2 Richmond Square Suite 110				
	(Address)				
Providence, RI 02906-5135					
	(Ci	ty/State and Zip co	nde)		
For fur	ther information concerning this matte	er, please call:			
Mis	sy Schrib	at (972	810-3031 Code & Daytime Telephone Number)		
Enclos	(Name of Person) ed is a check for the amount:	(Area (Code & Daytime Telephone Number)		
√ \$35	Filing Fee \$\int \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fo Certified Copy (Additional copy Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified y is Copy (Additional copy is enclosed)		
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL32314		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	on (if known)
Delaware	
(Incorporated Under Law	s of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conductions.	g affairs within the State of Florida and hereby ct affairs in Florida.
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affairs	cess based on a cause of action arising during
The following is a current mailing address for the corporation:	EB 9
2 Richmond Square Suite 11	a un l
(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Providence, RI 02906-5135	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the	future of any change in its mailing address.
Mischarce	02/12/19
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Missy Schrib	Chief Financial Officer
(Typed or printed name of person signing)	(Title of person signing)