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<i>,</i> —	KELVION INC.	Paa189		
	(CORPORATE NAME AND DOCUMENT #)			
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COVER LETTER

TO:	Amendment Section Division of Corporations		
	ECT: KELVION INC.		
SUBJI	ECT: KLLVION INC.	(Name of Corpora	tion)
	D22480	(Name of Corpora	tion)
DOCL	MENT NUMBER: P22189		
The en	closed withdrawal application and	fee are submitted for	or filing.
	return all correspondence concerning to the following:	g this	
	WILLIAM KELLEY		
	***	(Name of Person))
	REGISTERED AGE	NT SOLUTI	ONS, INC.
		(Firm/Company)	
	1701 DIRECTORS E	BLVD., SUIT	E 300
		(Address)	
	AUSTIN, TX 78744		
	(0	City/State and Zip c	ode)
For fur	ther information concerning this mat	ter, please call:	
WILLIAM KELLEY at (888) 7		,705-7274	
Enclos	(Name of Person) ed is a check for the amount:	(Area	Code & Daytime Telephone Number)
\$35	Filing Fee \$\int \\$43.75 \text{ Filing Fee & [} \text{Certificate of Status}	\$43.75 Filing For Certified Copy (Additional cop Enclosed)	Certificate of Status & Certified
	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

KELVION INC.		
(Name of Corporation)		
P22189		
(Document Number of Corporation (if	known)	
DELAWARE		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct af		l hereby
This corporation revokes the authority of its registered agent in Fi appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in F	based on a cause of action arising	
The following is a current mailing address for the corporation:	IAI IS	ಕ
5202 W. CHANNEL ROAD	77 (7) 72 (7) 72 (7) 72 (7)	F-H OCT 27
(Mailing Address)	% J	
CATOOSA, OK 74015	- 10 mm	AH 9: 00
(City/ State /Zip)		0
The corporation agrees to notify the Department of State in the future	e of any change in its mailing addre	ess.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	10/12/2016 (Date)	
CHRISTINE O'CONNOR	PRESIDENT	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35