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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: INTELLIGENT MASSAC	SE INC
(Name of Co	
DOCUMENT NUMBER: F12000002275	
The enclosed withdrawal application and fee are submit	ted for filing.
Please return all correspondence concerning this matter to the following:	
DEBRA KOERNER	
(Name of Pe	erson)
(Firm/Com	
455 NE 5TH AVE STE D-1	
(Addres	
DELRAY BRACH, FL 334	
(City/State and	Zip code)
For further information concerning this matter, please cal	
TONY FREZZA EA at 40	7 595-2084
(Name of Person) Enclosed is a check for the amount:	Area Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ Certificate of Status Certified C (Additional Enclosed)	opy Certificate of Status & Certified copy is 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

INTELLIGENT MASSAGE, INC.	
(Name of Corporation)	
F12000002275	
(Document Number of Corporation (if	known)
KENTUCKY	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting aff voluntarily surrenders its authority to transact business or conduct af	airs within the State of Florida and here fairs in Florida.
This corporation revokes the authority of its registered agent in F 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 duri
The following is a current mailing address for the corporation:	2019 SE0
455 NE 5TH AVE STE D-161	ZOI9 JUN 19 SECRETARY FALL SHA
(Mailing Address)	JUN 9 AM II RETARY OF S LI SHASSES.
DELRAY BEACH FL 33483	AHIII 55 SSEE, FL
(City/ State /Zip)	FL FL
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a freeceiver or other court appointed fiduciary, by that fiduciary)	5/31/19 (Date)
DEBRA KOERNER	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35