## 7230000 3786/

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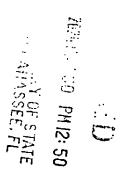
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Life Power Holistic Massage Inc.		
(Name of Corporation)  DOCUMENT NUMBER: P23000032861		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the following:		
United States Corporation Agents, Inc.  (Name of Person)		
Legalzoom.com, Inc.  (Name of Firm/Company)	25.0 11.0 11.0 11.0 11.0 11.0 11.0 11.0 1	
9900 Spectrum Dr.  (Address)	29	. •
Austin, TX 78717  (City/State and Zip Code)	PM 12: 50	
For further information concerning this matter, please call: $ = \frac{800  773\text{-}0888}{\text{(Name of Person)}} $ at $\frac{800  773\text{-}0888}{\text{(Area Code & Daytime Telephone Number)}} $	_	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provi	isions of section	ons 607.0502(2), <i>6</i>	17.0502(2), 60	7.1509, or	617.15	09.			
Florida Statutes, the undersigned. United States Corporation Agents, Inc.									
	_		(Name of Register						
hereby resigns as Re	gistered Agen	t for Life Pow	er Holistic	Mass	age I	nc.			
			(Name of Corpo	oration)					
P2300003286	31								
(Document Nun	nber, if known)	<del></del>							
A copy of this resign	ation was mai	led to the above li	sted corporation	n at its last	known	addre	ess.		
The agency is termin this statement is filed	ated and the o	ffice discontinued	on the 31st day	after the	date on	which	1		
		(Signature of Resig	d aing Agant)						
If signing on behalf o	f an entity:	(organical corresing	iiiig Ageitt)						
	•					r3			
Ch	neyenne	Moseley			<u>,                                     </u>				
		(Typed or Printed	l Name)			30			
۸۵۵	t Coordon	for United States	0		ASS		7.~dr.~		
A55	st. Secretary			Agents, In	البر النات	3	2 4 5		
		(Capacity	)		STATE	PH 12: 5,			

Fee for filing this document:
\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314