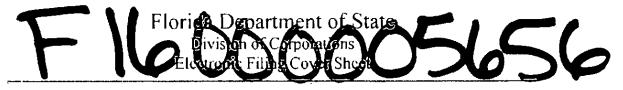
6/21/22, 9:17 AM

* Page: 3 of 4

Division of Corporations



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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (954)208-0845

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE LIFEOMIC, INC.

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JUN	2	2	2027

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Corporate Filing Menu

Help

From: Lexus Wingo

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS .

2022-06-21 07:19:32 CST

statement of cha	nge is submitted for a corporation of	.0502, 607,1508, or 617,1508, Florida Statu rganized under the laws of the State of Delay rgistered agent, or both, in the State of Florid	ware
1. The name of t	the corporation: LIFEOMIC, INC.		
2. The principal	office address: 351 W. 10th Street Ind	ianapolis, IN 46202	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/21/2016	Document number: F1600000565	6
	street address of the current register thent of State: (If resigned, enterres	red agent and registered office on file with this igned)	e
	Jeffrey, Swartz, COO		202 Si
	5950 Rocko Rd	ALL	2 JUN
	Port Orange, FL 32127		121 121
6. The name and (ifchanged):	I street address of the new registered	agent (if changed) and /or registered office;	2022 JUN 21 PH 12: 42
	C T Corporation System		EASE 45
	1200 South Pine Island Road		
	Plantation, Florida 33324	D. Box NOT acceptable	
The street addre	ess of its registered office and the st be identical.	reet address of the business office of its reg	gistered agent.
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officent notified in writing of the change.	cer so
(Jeffrey Swartz	JEFFREY SWARTZ, COO	
-	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has CT Corporation	s oeen noujiea in writing oj inis cha	nt and agree to act in this capacity. statutes relative to the proper and complet obligation of my position as registered ag in the registered office address, I hereby ca nge.	e performance ent, Or, if this infirm that the
a v oorporation	Ome Bell	6/21/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Denise Bell, Ass	t Secretary		
T	sped or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: