

PO90000 11824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

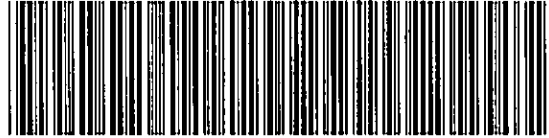
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 MAR 30 PM 12:56

GMA
4/9/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BodyLogicMD Franchise Corp.
Name of Corporation

DOCUMENT NUMBER: P09000011824

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Roy

Name of Contact Person

BodyLogicMD Franchise Corp.

Firm/Company

4850 T-Rex Ave., Suite 125

Address

Boca Raton, FL 33431

City/State and Zip Code

legal@bodylogicmd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Roy

Name of Contact Person

at (

561

) 406-0601

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BodyLogicMD Franchise Corp.
2. The principal office address: 4850 T- Rex Avenue, Suite 125, Boca Raton, FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/05/2009 Document number: P09000011824
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jones Foster Service, LLC

505 South Flagler Drive Suite 1100 West Palm Beach, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

The Law Offices of Jeff Cohen, P.A.

151 NW 1st Avenue

P.O. Box NOT acceptable

Delray Beach, FL 33444

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Patrick W. Savage

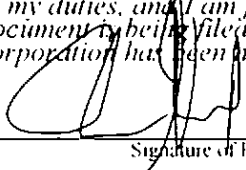
Patrick W. Savage (Mar 25, 2020)

Signature of an officer or director

Patrick W. Savage, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

03/25/2020

Date

If signing on behalf of an entity:

Chase E. Howard, Esq.

Typed or Printed Name

***** FILING 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)

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