

P15 0000 43274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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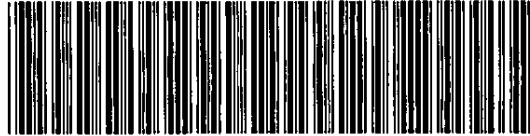
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BODY LOGIC CHIROPRACTIC, INC  
Name of Corporation

**DOCUMENT NUMBER:** P15000043274

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:

RAFFAELA VILLELLA

Name of Contact Person

BODY LOGIC CHIROPRACTIC, INC

Firm/Company

145 CORDANA COURT

Address

VENICE, FL 34292

City/State and Zip Code

DR. RVILLELLA@gmail.com

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

For further information concerning this matter, please call:

RAFFAELA VILLELLA

Name of Contact Person

at ( 716 ) 510-7007

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: BODY LOGIC CHIROPRACTIC, INC
2. The principal office address: 145 CORDANA COURT, VENICE, FL 34292
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: MAY 13, 2015 Document number: P15000043274

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)

RAFFAELA VILLELLA

1880 N TAMIAMI TRAIL

N FORT MYERS, FL US 33903

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

RAFFAELA VILLELLA

145 CORDANA COURT

P.O. Box NOT acceptable

VENICE, FL US 34292

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.

Raffaella Villella  
Signature of an officer or director

RAFFAELA VILLELLA, OWNER  
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.*

Raffaella Villella  
Signature of Registered Agent

10/28/15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*