P150000 91343

| (Red | questor's Name) | | | |
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| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu: | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--------------|---------------------------------------------|-----------------------------------------------------------|--|--|
| SUBJ Name | IECT: OneLogic, Inc. of Corporation | | | |
| DOC | UMENT NUMBER: P15000091343 | | | |
| The e | nclosed Statement of Change of Registere | d Office/Agent and fee are submitted for filing. | | |
| Please | e return all correspondence concerning this | s matter to the following: | | |
| Alliso | on Roy | | | |
| Name | of Contact Person | | | |
| OneL | ogie, Inc. | | | |
| Firm/9 | Company | | | |
| 48501 | T-Rex Ave., Suite 125 | | | |
| Addre | ess | | | |
| Boca | Raton, FL 33431 | | | |
| City/S | State and Zip Code | | | |
| | legal@bodylogicmd.com | | | |
| E-ma | il address: (to be used for future annua | d report notification) | | |
| | | | | |
| For fu | orther information concerning this matter. | please call: | | |
| Alliso | on Roy | ot (561) 406-0601 | | |
| - | Name of Contact Person | at (561) 406-0601 Area Code & Daytime Telephone Number | | |
| Enclo | sed is a \$35.00 check made payable to the | : Department of State. | | |
| | Mailing Address: | Street Address: | | |
| | Mailing Address: Amendment Section | Amendment Section | | |
| | Division of Corporations | Division of Corporations | | |
| | P.O. Box 6327 | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

| statement of cha | nge is submitted for a corporati | -617,0502, 607,1508, or 617,1508, Florida Statutes, the on organized under the laws of the State of <u>Florida</u> or registered agent, or both, in the State of Florida. | is | | | |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|--|--|
| | he corporation: OneLogic, Inc. | | | _ | | |
| | | nue, Suite 125, Boca Raton, FL 33431 | | _ | | |
| 3. The mailing a | ddress (if different): | | | _ | | |
| 4. Date of incorp | ooration/qualification: 11/01/20 | Document number: P15000091343 | | _ | | |
| | I street address of the current reg tment of State: (If resigned, ento | gistered agent and registered office on file with the programmer resigned) | | | | |
| | Jones Foster Service, LLC | | | | | |
| | 505 South Flagler Drive Suite 1100 West Palm Beach, FL 33401 | | | | | |
| | | | 2020 MAR | YISION | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | ered agent (if changed) and /or registered office | 30 | JIVISION OF CONTIN | | |
| | The Law Offices of Jeff Cohen. | P.A. | PH 12: 51 | :::::::::::::::::::::::::::::::::::::: | | |
| | 151 NW 1st Avenue | | 5 | ; | | |
| | Delray Beach, FL 33444 | P.O. Box NOT acceptable | | | | |
| The street addre | ess of its registered office and t be identical. | he street address of the business office of its registere | d agent | i. | | |
| Such change wa authorized by the Patrick W. Sa | as authorized by resolution duly ne board, or the corporation has | v adopted by its board of directors or by an officer so been notified in writing of the change. | | | | |
| Patrick W Sallage Mar 25-2 | 1020 | Patrick Savage, President | | | | |
| • | re of an officer or director | Printed or typed name and title | | | | |
| I further agree l of my duties, ab documentis bu | to comply with the provisions o | agent and agree to act in this capacity. If all statutes relative to the proper and complete perfort the obligation of my position as registered agent. Conge in the registered office address, I hereby confirm a change. | ormand or, if th that th | re is e | | |
| Ske | haturd of Registered Agent | 03/25/2020 | | | | |
| / | half of an entity: | | | | | |
| | Chase E. Howard, Esc | ٦. | | | | |

Typed or Printed Name

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