

P17000 100 411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

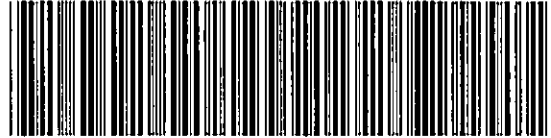
(Business Entity Name)

(Document Number)

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4/9/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrative Health Management of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000100411

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
Integrative Health Management of Florida, Inc.
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 at (561) 406-0601
Name of Contact Person 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: Integrative Health Management of Florida, Inc.

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: 12/21/2017 Document number: P17000100411

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, I.L.C
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
Delray Beach, FL 33444
P.O. Box NOT acceptable

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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.

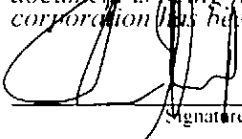
Patrick W. Savage
Patrick W. Savage (Mar 25, 2020)

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 ***