## 2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P15000091343

Entity Name: ONELOGIC, INC.

**FILED** Jul 03, 2019 **Secretary of State** 2915724646CC

## **Current Principal Place of Business:**

111 NE 1ST STREET. 8TH FLOOR, #1011 MIAMI, FL 33132

## **Current Mailing Address:**

111 NE 1ST STREET, 8TH FLOOR, #1011 MIAMI, FL 33132 US

FEI Number: 47-5570167 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE **SUITE 1100** WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID E. BOWERS, MANAGER 07/03/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

Name SAVAGE, PATRICK Name CASEY, RICHARD

4850 T-REX AVENUE 4850 T-REX AVENUE Address Address **SUITE 125 SUITE 125** 

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title **DIRECTOR** Title **DIRECTOR** 

Name CASEY, WILLIAM Name SAVAGE, MAXINE

> 4850 T-REX AVENUE Address 4850 T-REX AVENUE **SUITE 125 SUITE 125**

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title **SECRETARY** 

Address

CORNETT, W. JOSEPH Name

4850 T-REX AVENUE Address

**SUITE 125** 

City-State-Zip: BOCA RATON FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

07/03/2019 SIGNATURE: PATRICK SAVAGE **PRESIDENT**