**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED**
**Dec 05, 2024**
**Secretary of State**
**0406981095CR**

DOCUMENT# L18000176365

**Entity Name:** MOVALOGICUS.LLC

**Current Principal Place of Business:**

7707 MERILL RD
#8546
JACKSONVILLE, FL 32239

**Current Mailing Address:**

7707 MERILL RD
#8546
JACKSONVILLE, FL 32239

**FEI Number: 83-1695104**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TORRES, SHELTALEE
7707 MERILL RD
#8546
JACKSONVILLE, FL 32239 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: SHELTALEE TORRES 12/05/2024

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | TORRES, SHELTALEE |
| Address | 7707 MERILL RD #8546 |
| City-State-Zip: | JACKSONVILLE FL 32239 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: SHELTALEE TORRES MANAGER 12/05/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date