DOC ID ----> 202129802252

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/25/2021	202129802252	Trade Name/Business Address Change (RNB)	25.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

MACALOGIC
4380 BUCKEYE LANE
SUITE 222
BEAVERCREEK, OH 45440

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

3958964

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MACALOGIC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Trade Name/Business Address Change	**202129802252**

Effective Date: 10/25/2021

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of October, A.D. 2021.

Ohio Secretary of State

DOC ID ----> 202129802252

Form 524A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Trade Name or Fictitious Name Registration Update

Filing Fee: $25

Form Must Be Typed

- ☐ (1) Assignment of Registered Name (116-RNA)
- ☐ (2) Change of Nature of Business (999-GEN)
- ☒ (3) Change of Address for Registrant (176-RNB)
- ☐ (4) Cancellation of Registration (184-RNX)
- ☐ (5) Change of Partners of Registrant, if Registrant is a General Partnership (999-GEN)

Trade Name or Fictitious Name	MACALOGIC
Registration Number	3958964
Name of Current Registrant	

Complete the information in this section if box (1) is checked above

New Registrant's Name

New Registrant's Charter/Registration/License Number in Ohio *(if applicable)*

New Registrant's Address

Mailing Address

City | State Ohio | ZIP Code

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

Name	Address

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

Complete the information in this section if box (2) is checked

The general nature of business conducted by the registrant:

Complete the information in this section if box (3) is checked

Registrant's New Address

Mailing Address: 4380 Buckeye Ln, Ste 222

City: Beavercreek State: Ohio ZIP Code: 45440

No additional information required if box (4) is checked above. Please sign form below.

Complete the information in this section if box (5) is checked

New General Partner(s) names(s) and addresses

Name	**Address**

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Application must be signed by the registrant or an authorized representative.

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Teresa Macalolooy

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.