To: 18506176380 From: 12147128131 Date: 05/03/21 Time: 4:07 PM Page: 01/02

5/3/2021

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future 'annual report mailings. Enter only one email address please.\*\*

∴ Rmail Address: \_

## REGISTERED AGENT CHANGE BLASTECH ENTERPRISES, INC.

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MAY 05 2021

To: 18506176380 From: 12147128131 Date: 05/03/21 Time: 4:07 PM Page: 02/02

(((H21000178467 3)))

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

statement of cha	nge is submitted for a	corporation orga	02, 607,1508, or 617,1508, Florida Statuti mized under the laws of the State of		
MD in orde	r to change its registe	red office or regis	tered agent, or both, in the State of Florida	a.	
1. The name of t	he corporation: BLAS	STECH ENTERPR	ISES, INC.		
2. The principal	office address: AN ST. STE 100, BAL	<del></del>			
4. Date of incorp	oration/qualification:	10/16/2001	Document number: F01000005383		
	street address of the timent of State: (If resi		agent and registered office on file with the ned)	;	
	CORPORATION SEE	RVICE COMPAN	<u> </u>		
	1201 HAYS STREET			. 23	
	TALLAHASSEE, FL	32301		2521 KAY -4	
6. The name and (if changed):	street address of the	new registered ago	ent (if changed) and /or registered office	- i	
	LEGALINC CORPOR	RATE SERVICES	INC.	. 5	
	5237 SUMMERLIN O	D, SUITE 400	. 03		
P.O. Box. NOT acceptable					
	FORT MYERS, FL, U	15, 33907			
as changed will	be identical.		t address of the business office of its regi ed by its board of directors or by an office officed in writing of the change.	-	
authorized by th	e board, or the corpo				
JOHA	KORFNATAS		JOHN KORFLATIS, PRESIDENT  Fruited or typed name and title	<del></del>	
I further agree I of my duties, an document is bei	o comply with the product of a lam familiar with a	egistered agent a ovisions of all sta and accept the ob lect a change in t	nd agree to act in this capacity. itutes relative to the proper and complete higation of my position as registered age, he registered office address, I hereby cor	nt. Or, if this	
			5/3/2021		
_	half of an entity:		Date		
ANNA MANUK					
T	ped or Printed Name				

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

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