## P40827

(Re	equestor's Name)					
(Address)						
(Ac	ldress)					
(City/State/Zip/Phone #)						
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DIVISION OF CORPORTION



May 15, 2009

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE: Block Vision, Inc. - Document Number P40827

Registered Agent Change of Address

## Gentlemen:

Enclosed for filing on behalf of Block Vision, Inc. are the Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations, which serve as notification of the company's registered agent's change of address. Also enclosed is a check in the amount of \$35 to cover the filing fee.

I would appreciate it if you could stamp the duplicate copy of this letter and return it to me in the enclosed self-addressed envelope provided for your convenience to acknowledge receipt of this filing.

If you have any questions, please do not hesitate to call me at 877-730-2347.

Sincerely,

Valeric C. Reedy
Compliance Director

VCR:tms

Enclosures

## **COVER LETTER**

TO:	Amendment Sec Division of Corp			
SUBJ	ECT:	Block Vision Name of Control	on, Inc.	
DOC	UMENT NUMBE	R:	P40827	
The e	nclosed Statement	of Change of Registered Offi-	ce/Agent and fee are subm	itted for filing.
Please	return all correspo	ondence concerning this matte	er to the following:	
		Valerie	e Reedy	
		Name of Co	ontact Person	
			ision, Inc.	
		r irm/C	Company	
		420 \\ \	Charact Co. 11 - 700	
			Street, Suite 700 dress	
		Au	uicss	
		Daltimore	MD 04004	
		City/State a	, MD 21201 and Zip Code	
			<b>t</b>	
		vreedy@bloo ail address: (to be used for	ckvision.com	
	E-m	ail address: (to be used for	future annual report not	ification)
For fu	orther information of	concerning this matter, please	call:	
	Val	erie Reedy	at ( 877 )	730-2347
		Contact Person	Area Code & Day	730-2347 time Telephone Number
Enclo	sed is a \$35.00 che	eck made payable to the Depa	rtment of State.	·
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	Section orporations ing ve Center Circle

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

statement of cha	nnge is submitted for a corp	oration organized	97.1508, or 617.1508, Florida under the laws of the State of agent, or both, in the State of	New Jersey	
1. The name of	the corporation: Block V	ision, Inc.			
2. The principal	office address: 120 W Fa	yette Street, S	Suite 700		
	Baltimore	e, MD 21201			
3. The mailing a	address (if different):				
4. Date of incor	P40827	P40827			
	d street address of the currer rtment of State: (If resigned,		and registered office on file	with the	
	Audrey Weinstein				
	6111 Broken Sound	Pkwy, Suite 37	70		
	Boca Raton, FL 3348	37			
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):			office 9 MAY   9	SECRI DIVISION	
	Audrey Weinstein	<del> </del>			OF C
	7700 Congress Aven				
	Boca Raton, FL 3348	P.O Box NOT acco	eptable	<u>မှ</u> မွ	STATE
The street address changed will	ess of its registered office a		ress of the business office of	f its registered agen	₹ t,
Such change w authorized by t	as authorized by resolution he board, or the corporation	duly adopted by n has been notified	its board of directors or by ed in writing of the change.	an officer so	
	ye of an officer or director		Audrey Weinstein, SV Printed or typed name an	'P & Secretary	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registe to comply with the provision and I am familiar with and a ing filed merely to reflect a s been notified in writing o	ered agent and ag ons of all statutes occept the obligat ochange in the re f this change.	gree to act in this capacity. relative to the proper and c ion of my position as registe gistered office address, I he	complete performan wed agent. Or, if th reby confirm that th	ce is ie
Avo	ley l		5-15-09		
	gnätur of Registered Agent chalf of an entity:	•	Date		
<u></u>	'yped or Printed Name				

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