F180000 1361

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SCORE LARY OF STATE FALL AHASSEE, FLORIDA

ML - 2 DP 'SCHROEDER

COVER LETTER

10:	Division of Corporations
	CBlocks, Inc.
SUB.	ECT:
	Name of Corporation
	F18000001361
DOC	UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Pleas	return all correspondence concerning this matter to the following:
	Mario Aguayo
	Name of Contact Person
	Firm/Company
	350 S Shore Dr. #17
	Address Miami Beach, Fl. 33141
	City/State and Zip Code
	mario@cblocks.io
	E-mail address: (to be used for future annual report notification)
	irther information concerning this matter, please call: io Aguayo 951 808-7298
	Name of Contact Person at (
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corpora	02, 617,0502, 607.1508, or 617.1508, I ution organized under the laws of the S	State of Florida
in ord		e or registered agent, or both, in the S	State of Florida.
1. The name of	CBlocks, Ir		
2. The principa	al office address:	e Dr. #17, Miami Beach, FL. 33) 4
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03/2	0/2018 Document number:	F18000001361
5. The name ar Florida Depa	nd street address of the current rartment of State: (If resigned, er	registered agent and registered office onter resigned)	on file with the
	UNITED CORPORATE	SERVICES, INC.	
	9200 SOUTH DADE	ELAND BLVD STE 508	
	MIAMI, FL 33156		19 FAL
6. The name ar (if changed):		istered agent (if changed) and /or regis	Stered office SSE
	Sandy Kacura		
	350 S Shore Dr. #17		AM II: 24 UF STATE OFLORIO
	Miami Beach, FL. 3314	P.O. Box NOT acceptable	
The street add as changed wi	ress of its registered office and ll be identical.	I the street address of the business off	fice of its registered age
Such change wanthorized by	vas authorized by resolution du the board, or the corporation h	aly adopted by its board of directors of as been notified in writing of the char	or by an officer so nge.
W)		Mario Aguayo, COC)
···-	iture of air officer or director	Printed or typed no	
I hereby accept I further dgree performance of agent. Or, if t hereby confirm	ot the appointment as registere e to comply with the provisions of my duties, and I am familiar his document is being filed me n that the corporation has been	d agent and agree to act in this capac s of all statutes relative to the proper with and accept the obligation of my rely to reflect a change in the register n notified in writing of this change.	city. and complete position as registered red office address, I
	nt	6/18/2019	
S	ignature of Registered Agent	Date	
If signing on b	oehalf of an entity:		
	Typed or Printed Name		
	* * * 17	ILING FFF: \$35.00 * * *	