F19000001054

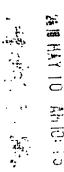
(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





300329124683

05/10/19--01011--014 **35.00



C1965,155

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Blockidex Inc.	
SUBJECT:	Name of Corporation
DOCUMENT NUMBER: F190000010	054
The enclosed Affidavit by Foreign Corpord submitted for filing.	ation to Change/Add Officer(s) and/or Director(s) and fee at
Please return all correspondence concerning	g this matter to the following:
Zane Shiratori	
Name of Contact Person	
Firm/Company	
101 S Garland Ave, Sui	ite 108
Address	
Orlando, FL 32801	
City/State and Zip Code	
admin@blockidex.com	
E-mail address: (to be used for future annual	ual report notification)
For further information concerning this ma-	itter, please call:
Zane Shiratori	, 321 , 209-2499
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check made navable to the Fl	lorida Department of State for the following amount:
S43.75 Filing Fee & Certificate of Statu	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301





AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

	(Note: Applicable only duri	ng the first calendar year of qualification)	
1.	The name of the foreign corporation as it appears on the records of the Florida Department of State is: Blockidex Inc.		
2.	This entity was authorized to transact business in Florida on 03/05/2019 and its Florida document number is F19000001054 This corporation was formed under the laws of Delaware		
3.			
4.			
	itle:	Name and Address Zane Shiratori	
		101 S Garland Ave, Suite 108	
		Orlando, FL 32801	
Chief Relationship Officer		Kristopher Thornton	
		101 S Garland Ave, Suite 108	
		Orlando, FL 32801	
_			
	(Attach additi	onal pages if necessary)	
_		Chief Executive Officer	

Signature of an officer or director Zane Shiratori

Typed or printed name of person signing

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314