## F19000004803

(Requesto	d's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	nt Number)
Certified Copies	Certificates of Status
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: BLOC DISTRIBUTION INC				
Name of Corporation	<del></del>			
DOCUMENT NUMBER: F19000004803				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matt	er to the following:			
JB ROTH, ESQ.				
Name of Contact Person	- <del></del>			
ROTH LAW FIRM PL				
Firm/Company				
450 STATE ROAD 13 NORTH, SUITE 106-134	<del></del>			
Address				
SAINT JOHNS, FL 32259				
City/State and Zip Code				
JB@ROTHFIRM.NET				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
JB ROTH	at ( 904 ) 595-7900			
Name of Contact Person	at (904 ) 595-7900 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			

CR2E045 (04/13)

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

statement of cha	unge is submitted for a corporation or	0302, 607.1308, or 617.1308, Florida Statutes ganized under the laws of the State of <u>NORTH Co</u> gistered agent, or both, in the State of Florida.	AROLINA
	the corporation: BLOC DISTRIBUTION	· · · · · · · · · · · · · · · · · · ·	
2. The principal	office address: 909 EHRINGHAUS S		
ELIZABETH CI	<del></del>		
_	address (if different):		
4. Date of incor	poration/qualification: 10/15/2019	Document number: F19000004803	
	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered office on file with the igned)	
	ROTH LAW FIRM PL		
	6100 GREENLAND ROAD, SUITE	504	~ 3
	JACKSONVILLE, FL 32258	· · · · · · · · · · · · · · · · · · ·	•
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		agent (if changed) and /or registered office	- <del>-</del> . :
	ROTH LAW FIRM PL		71 1
	12724 GRAN BAY PARKWAY WE	ST, SUITE 410	.j
	JACKSONVILLE, FL 32258	D Box NOT acceptable	• `
The street addreas changed will	ess of its registered office and the str	reet address of the business office of its regist	ered agent.
		pted by its board of directors or by an officer notified in writing of the change.	
Fr	sdrik Vilsson	FREDRIK NILSSON, PRESIDENT	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree of my duties, ar document is bei	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	statutes relative to the proper and complete p obligation of my position as registered agent n the registered office address, I hereby confi	erformance Or, if this rm that the
Sig	Fature of Registered Agent	12 9 20 Date	
If signing on be	half of an entity:		
JEAN B. ROTH	•		
Т	yped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)