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Division of Corporations

Pax Number

: (850)617-6380

Account Name : LEGALINC CORPORATE SERVICES INC.

E Lebcou. Account number : 120180000011

: (844)386-0178 : (214)317-4754

Jax Number

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

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REGISTERED AGENT CHANGE CHAINBLOQ LABS INC.

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To: 18506176380 From: 12147128131 Date: 02/08/22 Time: 1:19 AM Page: 02/03

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Division of Corporations

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(((H22000050255 3)))

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

statement of chan	ovisions of sections 607.0502, 6 ge is submitted for a corporation	organized unde	er the laws of t	he State of Dela	aware	·	
	to change its registered office or		it, or both, in t	he State of Flor	ida.		
1. The name of the	corporation: CHAINBLOQ LA	BS INC.					
2. The principal o 333 3rd Avenue N	ffice address:orth , Suite 400, St. Petersburg, FL	, 33701					
3. The mailing add	lress (if different):						
4. Date of incorpo	ration/qualification: 06/17/2021	Do	cument numbe	F2100000359) 4		
The name and s Florida Departm	treet address of the current regis cent of State: (If resigned, enter	tered agent and resigned)	registered offic	ce on file with t	he		
<u> </u>	DINCOGLU, CENGIZ						
3	333 3RD AVENUE N, SUITE 400						
9	T. PETERSBURG, FL 33701						
6. The name and s (if changed):	treet address of the new registere	ed agent (if chan	nged) and /or re	gistered office			
I	EGALINC CORPORATE SERV	CES INC.			,		
5	5237 SUMMERLIN COMMONS BLVD, SUITE 400						
 F	ORT MYERS, FL, US, 33907	P.O. Box NOT accep	table		TB-8		
The street address as changed will be	of its registered office and the identical.	street address o	of the business	1	~~	agent,)	
Such change was authorized by the	authorized by resolution duly a board, or the corporation has be	dopted by its been notified in v	oard of directo writing of the	rs or by an offi- change.	cer so) 	
Signature	Supposition of director	CEN	•	COGLU,	SECRE	e77724	
I hereby accept th I further agree to of my duties, and i document is being corporation has b	e appointment as registered age comply with the provisions of a um familiar with and accept to filed merely to reflect a change een notified in writing of this co	ent and agree to Il statutes relati ne obligation of e in the register nange.	a aas in shin aa	ma air.	•		
<u>\</u> X	450	02/02/2	022				
Signat If signing on beha	ind of Begisterod Agent		D.	Pate			
ANNA MANUKY.	•						
	d 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)