L14000127950

(Requestor's Name)								
(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:								
		:						

Office Use Only



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SECRETARY OF STATE
SHARKSSEE FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2016

CSC

2711 CENTERVILLE ROAD WILMINGTON, DE 19808

SUBJECT: BLINK N.A., LLC Ref. Number: L14000127950 2916 MAY 11 PM 3: 26

We have received your document for BLINK N.A., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered agent listed doesn't match records on sunbiz.org.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A00009297

corrected 5,

www.sunbiz.org



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 28, 2016

Order#: 114818/015

Re: BLINK N.A., LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

SECRETATY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: BLINK N.A., LL	С					
2	(a)	1691 Michigan Avenue, Suite 601	(h)				
2.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Miami Beach FL 33139						
		08/14/2014		L1400012	27950			
3.		Date of filing/registration in Florida	4.		Document number	er		
5.	(a)	Car Charging, Inc.			_			
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	e:			
		1691 Michigan Avenue						
		Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	<u> </u>				
		Suite 601			-	SEC	16	
		Miami Beach , FL	. 33139		-		MAI	TI
(1	(b)	V			-	SSEE,		<u> </u>
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>Iress</u> :		FLORID	PH 2:5	D
		1201 Hays Street NEW Registered Office Address:			-		52	
		Tallahassee , FL	, 32301		_			
the ag	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regise ability con fine the limited l	stered office mpany, it is ited liability iability com	e and the business s hereby confirme y company or as o	office of	f the r e char	egistered 1ge(s)
Signature of a member or authorized representative of a member				Printed or typed name of signee				
pr the	ovisi e obl merc tified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performe d for in C hereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further ag duties, and I am fo 5, F.S. Or, if this o the limited liabili	gree to co amiliar w documen ty compa	omply vith an t is be ny ha	with the nd accept ing filed s been
Si		Inace Texable re of Registered Agent Corporation Service Company	RV· G	race F. Kir	rhy Asst Vice P	resident		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00