N1800000 2804

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Ďc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
:		

Office Use Only



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D CUSHING

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Block Ev corp	
		Limited Liability Company
Dear S	ir or Madam:	
The en	nclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.
Please	return all correspondence concerning this ma	itter to the following:
Micha	ael Williamson	
	Name of Person	
Block	c Ev Corp	
	Firm/Company	
723 1	Truman ave 200121	
	Address	
tallah	nassee, fl 32314	·
	City/State and Zip Code	
		
í	E-mail address: (to be used for future annual r	eport notification)
For fu	rther information concerning this matter, plea	se call:
	at	
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following amo	ount:
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

SELECTARY 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.

l. Na	me of the limited liability company:			
2. (a)	michael williamson	_ (b	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	:
	723 Truman Ave 200121		723 truman ave 200121	
		_		··
	tallahassee, fl 32314	-	tallahassee, fl 32314	
	11/26/2018			
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	michael williamson			
, (u)	Registered Agent and Registered Office shown on the records of the michael williamson	e Florida	ida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	35)	
	723 Truman Ave 200121 (1990) E.	00°	03) Club Dr. Oddreas	2
	Tallahassee ,FL	32314	33180	1500
(h.)	723 Truman Ave 200121		address:	
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office add		
	michael williamson			Charman 19
	NEW Registered Office Address:			
	723 Truman Ave 200121			· ••
	tallahassee	32314	4	
the cha agent v was/wo	imited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of cles of premization of the operating agreement of the l	s of the he regis bility co the lim	he State of Florida, it is hereby confirmed that after gistered office and the business office of the regis company, it is hereby confirmed that the change (simited liability company or as otherwise provided	tered s)
	ture of a member or authorized representative of a member		Printed or typed name of signee	//_
I herei provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflection change in the registered office address, I had in writing of this change.	re to act perform for in C ereby co	act in this capacity. I further agree to comply with mance of my duties, and I am familiar with and a in Chapter 605, F.S. Or, if this document is being confirm that the limited liability company has be	h the ccept filed en
Signatu	re of Registered Agent			