P18000 101703

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>≆</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<u>.</u>





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R. WHITE DEC 12 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 13, 2019

Order#: 039090/011

Re: BLINK 79TH HOLDINGS INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive 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

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508. Florida Sta poration organized under the laws of the State of <u>Fl</u> office or registered agent, or both, in the State of Flo	
1. The name of t	he corporation: BLINK 797	TH HOLDINGS INC.	
		AVENUE SOUTH, 11TH FLOOR, NEW YORK, NY	(10016
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/	18/2018 Document number: P1800010	1703
	street address of the curre tment of State: (If resigned	ent registered agent and registered office on file with d. enter resigned)	the
	VCORP SERVICES, LLC		
	5011 SOUTH STATE RO	DAD 7, SUITE 106	
	DAVIE, FL 33314		20
6. The name and (if changed):	street address of the new	registered agent (if changed) and /or registered offic	2019 8 77 1
	Corporation Service Corr	npany	-p
	1201 Hays Street		
		P.O. Box NOT acceptable	<u>-</u>
	Tallahassee	FL 32301	*
The street addre	ess of its registered office be identical.	and the street address of the business office of its r	egistered agent,
Such change wa	is authorized by resolution te board, or the corporation	nduly adopted by its board of directors or by an of on has been notified in writing of the change.	ficer so
\searrow) xu P C Owe	Jill Cilmi, Vice President	
Signatu	of an officer or director	Printed or typed name and title	
I furthér agrée t performance of agent. Or, if thi hereby confirm	o comply with the provisi my duties, and I am famil	ered agent and agree to act in this capacity. ions of all statutes relative to the proper and compl liar with and accept the obligation of my position a merely to reflect a change in the registered office o been notified in writing of this change.	s revistered
By: 17,000	7-tubi	11/11/2019	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
Ty	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *