P19000058864

(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



700336711437

11/15/19--01026--024 **35.00

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#: 039090/043

Re: BLINK KENDALL MARKET PLACE 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 corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of <u>FL</u> or registered agent, or both, in the State of Florida.		
1. The name of ti	ne corporation: BLINK KENDALI	L MARKET PLACE INC.		
2. The principal	office address: 386 PARK AVEN	IUE SOUTH, 11TH FLOOR, NEW YORK, NY 100	16	
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 07/31/201	Document number: P19000058864		
	street address of the current regitment of State; (If resigned, enter	istered agent and registered office on file with the resigned)		
	VCORP SERVICES, LLC			
	5011 SOUTH STATE ROAD 7, SUITE 106			
	DAVIE, FL 33314			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office			
	Corporation Service Company		5	
	1201 Hays Street		PH 2	
	P.O Tallahassee	Box NOT acceptable FL 32301	بر العد بر	
			ω	
The street addre as changed will	ss of its registered office and th be identical.	e street address of the business office of its registe	ered agent,	
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	SO	
X	Lu E. agni	Jill Cilmi, Vice President		
Signatui	d of an officer or director	Printed or typed name and title		
I further agree to performance of agent. Or, if this hereby confirm.	o comply with the provisions of my duties, and I am familiar wi s document is being filed merel	gent and agree to act in this capacity. Tall statutes relative to the proper and complete th and accept the obligation of my position as reg y to reflect a change in the registered office addre otified in writing of this change.	istered iss, I	
By: 11/11/2019 Signature of Registered Agent Date		11/11/2019		
Sigi	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
Typed 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 * * *