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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#: 039090/028

Re: BLINK DEERWOOD 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 ch	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Staturation organized under the laws of the State of FL ce or registered agent, or both, in the State of Florid	
1. The name of	the corporation: BLINK DEEF	RWOOD INC.	
2. The principal	office address: 386 PARK A	VENUE SOUTH, 11TH FLOOR, NEW YORK, NY 1	0016
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 07/31	/2019 Document number: P1900005886	65
5. The name an		registered agent and registered office on file with th	
	VCORP SERVICES, LLC		
	5011 SOUTH STATE ROAL	D 7, SUITE 106	2019;
	DAVIE, FL 33314		2019 En : 15
6. The name an (if changed):	•	gistered agent (if changed) and /or registered office	5 PH 2:
	Corporation Service Compa	any	37
	1201 Hays Street		
	Tallahassee	PO Box NOT acceptable FL 32301	
as changed wil	l be identical.	d the street address of the business office of its reg luly adopted by its board of directors or by an offic has been notified in writing of the change.	
9	Rue Comi	Jill Cilmi, Vice President	
Signal	urd of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if the hereby confirm	to comply with the provision f my duties, and I am familian ais document is beine filed m	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as r erely to reflect a change in the registered office ad en notified in writing of this change.	e egistered dress, I
By: χ) _ω ,	gnature of Registered Agent		
		Date	
If signing on be	ehalf of an entity:		
	, 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

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