

P200000 31765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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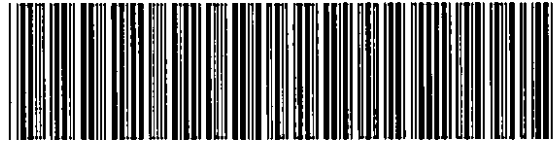
(Business Entity Name)

(Document Number)

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S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Viral Blockers, Inc.  
Name of Corporation

DOCUMENT NUMBER: P20000031765

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Siversen  
Name of Contact Person

Viral Blockers, Inc.  
Firm/Company

4980 NW 101<sup>ST</sup> Ave  
Address

Coral Springs FL 33076  
City/State and Zip Code

info@viralblockers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Siversen at 954, 254-9332  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Viral Blockers, Inc.
2. The principal office address: 4980 NW 101<sup>st</sup> Ave  
Coral Springs FL 33076
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/24/2020 Document number: P20000031765
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Terrell Matthews  
4980 NW 101<sup>st</sup> Ave  
Coral Springs FL 33076
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Eric Siversen  
4980 NW 101<sup>st</sup> Ave  
Coral Springs FL 33076  
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Eric Siversen  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

5/16/2020  
Date

If signing on behalf of an entity:

Eric Siversen  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)