

P98000000520

Requestor's Name	
MICHAEL BLOCK Certified Public Accountant 275 E. Oakland Park Blvd Ft Lauderdale, FL 33334	
Cit	Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-10/09/98--01081--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
98 OCT -9 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 12 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 14, 1998

MICHAEL BLOCK  
CERTIFIED PUBLIC ACCOUNTANT  
275 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33334

SUBJECT: BLOCKTAX, INC.  
Ref. Number: P98000000520

We have received your document for BLOCKTAX, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The Statement of Change must be an original.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 698A00046368

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: BLOCKTAX, INC

2. The mailing address of the corporation is: 275 E OAKLAND PARK BLVD  
FT. LAUDERDALE FL 33334

3. Date of incorporation/qualification: 01/05/98 Document number: P98000000520

4. The name and address of the current registered agent and office:

AMERILAWYER

% ELSIE SANCHEZ

343 ALMERIA AVENUE

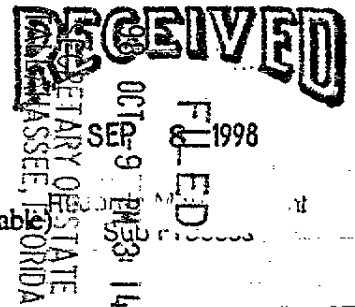
CORAL GABLES, FL 33134

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

MICHAEL BLOCK

275 E OAKLAND PARK BLVD

FT. LAUDERDALE, FL 33334



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.

Michael Block  
(Signature of an officer, chairman or vice chairman of the board)

8/19/98  
(Date)

MICHAEL BLOCK  
(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

8/19/98  
(Date)

If signing on behalf of an entity:

MICHAEL BLOCK  
(Typed or Printed Name)

(Capacity)