## 114000 192 999

equestor's Name)				
ldress)				
ddress)				
ty/State/Zip/Phone	<del>≥</del> #)			
MAIT	MAIL			
(Business Entity Name)				
(Document Number)				
_ Certificates	s of Status			
Special Instructions to Filing Officer:				
	Idress)  Idress)  Idress)  Idress)  WAIT  Isiness Entity Nan  Document Number)  Certificates			

Office Use Only



100313291041

06/01/18--U1024 - 602 - **\*\***25.36



J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: NINJA LOUNGE, LLC	
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Kristina E. Wilson	
Name of Person	
SimplyLegal, LLP	
Firm/Company	<del> </del>
1395 Brickell Avenue, Ste 120	
Address	
Miami, FL 33131	
City/State and Zip Code	
kristina@simplylegalgroup.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Kristina E. Wilson	305 858-6208
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. N	ame of the limited liability company: NINJA LOU	JNGE LLC			
2. (a)	14401 NE 19TH AVENUE	(b) 2	(b) 2000 NE 146 STREET		
. (")	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-/	-	mited liability company: POST OFFICE BOX)	
	NORTH MIAMI, FL 33181	<u>N</u>	IORTH MIAMI, FL 33	181	
	12/16/2014	<u>L</u> 1	4000192999		
3.	Date of filing/registration in Florida	4.	Document numb	per	
5. (a)	MALKA LIVINGSTON				
	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:		
	14401 NE 19TH AVENUE			Ţ 2	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		20 00	
	NORTH MIAMI	FL_33181		\hat{\hat{\hat{\hat{\hat{\hat{\hat{	
(b)	SIMPLY LEGAL, LLP			AM 6: 112	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addres	<u>is</u> :	10 E	
	1395 Brickell Avenue			,-	
	NEW Registered Office Address: Attn: Legal Notices				
	Miami	<sub>FL</sub> 33131			
the cha agent was/w the art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the member of a member or authorized representative of a member	of the register liability comp s of the limited he limited liab	ed office and the business pany, it is hereby confirmed liability company or as dility company.  Printed or typed nate	s office of the registered ed that the change(s) otherwise provided in when the control of the c	
1 nere provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address.	igree to act in ete performanc ded for in Cha I hereby confi	inis capacity. I further a e of my duties, and I am j pter 605, F.S. Or, if this irm that the limited liabili	gree to comply with the familiar with and accept document is being filed ity company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00