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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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Fig. -1 Kill: 29

C. GOLDEN NOV - 6 2020

COVER LETTER

	gistration Section rision of Corporations			
SUBJECT:	NINJA STAR MARKETING L	.LC		
		Name of Limited L	iability Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please retur	m all correspondence concernir	ng this matter to the	following:	
ENRIQUE (G THOMAS			
•	Name of Person	· ·		
RESIDENT	IAL ADDRESS			
	Firm/Company		_	
9863 PECA	N HICKORY WAY			
	Address		~	
ORLANDO.	FL 32832			
	City/State and Zip Co	de	- -	
esamoth@g	gmail.com			
E-mai	l address: (to be used for future	annual report notif	ication)	
For further	information concerning this ma	tter, please call:		
ENRIQUE (G THOMAS	407 at (575-5966	
-	Name of Person	(Area Code & Daytime Telephone N	umber
Ma	iling Address:		Street Address:	
	gistration Section		Registration Section	
	vision of Corporations		Division of Corporations	
	D. Box 6327		The Centre of Tallahassee	
Tal	lahassee, FL 32314		2415 N. Monroe Street, Suite 81	9
			Tallahassee, FL 32303	
Enc	closed is a check for the follow	ving amount:	!	RECEIVED
13110	NODES IN A CHECK OF THE IVIIVE	······································		AUG 24 2020
a \$	325 Filing Fee	□ \$:	55 Filing Fee & Certified Copy	Man



January 11, 2020

ENRIQUE G. THOMAS 9863 PECAN HICKORY WAY ORLANDO, FL 32832

SUBJECT: NINJA STAR MARKETING, LLC

Ref. Number: L16000147756

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 520A00000799

www.sunbiz.org

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. Na	ame of the limited liability company: NINJA STAR MA	ARKET	ING, LLC	
2. (a)	10245 LAKE DISTRICT LN, ORLANDO, FL 32824		10245 L	AKE DISTRICT LN, ORLANDO, FL 32824
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	08/08/2016	_	L1600014	
3.	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of to 5575 S. SEMORAN BLVD Registered Office Address (MUST BE FLORIDA STREET A SUITE 36			
	ORLANDO FI	32822		-
(b)	ENRIQUE G THOMAS Enter name of NEW Registered Agent and/or NEW Registered Office address: 9863 PECAN HICKORY WAY, ORLANDO, FL 32832 NEW Registered Office Address:			- E: H: 23
	ORLANDO .FL	32832		_
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	registe bility of f the li limited	red office a ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member		<u>.`-</u>	Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of the change.	ee to ac perforn I for in ereby c	t in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signalii	re of Registered Agent			

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

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