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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE NINJAONE, LLC

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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.

l. Na	me of the limited liability company: NINJAONE, LLC		
2. (a)	3687 Tampa Road	(b) 3687 Tampa Road	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 200	Suite 20	00
	Oldsmar, FL 34677	Oldsma	ır, FL 34677
	5/7/2018	M180000	004522
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NAJERA, ARMANDO		
Regist 3687 Regist Suite	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of S	State:
	3687 Tampa Road	0.0.0000	
	Registered Office Address	(DDKESS)	2024 APR
	Oldsmar. , FL	34677	
	C T Corporation System		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u> </u>
			02
	NEW Registered Office Address:		
	1200 South Pine Island Road		
			
	Plantation , FL	33324	
he cha igent v vas/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	the registered of bility company, f the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
Signat	ture of a member or au horized representative of a member		Printed or typed name of signee
1011/11ес Ву:	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete i igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. CT Corporation System The of Registered Agent Natalie Pickens, Assistant Secretary	ec 10 act in this c performance of n I for in Chapter t iereby confirm th	capacity. I further agree to comply with the ny duties, and I am Jamiliar with and accep 605. F.S. Or, if this document is being filed nat the limited liability company has been