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To:

Division of Corporations

: (850)617-6380

From:

Account Name : DESIGNING ERIN LLC

Account Number : 120180000073

Phone

: (305)621-2001

Fax Number

: (754)400-8977

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

Email Address: EMAIL QUCKYGAMING. COM

REGISTERED AGENT CHANGE KENJA II, INC.

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May 17, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KENJA II, INC. 390 UNION BLVD. SUITE 540 LAKEWOOD, CO 80228

SUBJECT: KENJA II, INC.

REF: M44682

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

PLEASE CHANGE THE OFFICERS TITLE TO PRESIDENT INSTEAD OF TITLE OWNER.

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.

Susan Tallent Regulatory Specialist II FAX Aud. #: H19000160837 Letter Number: 619A00010002

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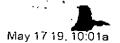
P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

COVER LETTER					
TO: Amendment Section Division of Corporations					
SUBJECT: Kenja II Inc					
Name of Corporation					
DOCUMENT NUMBER: M44682					
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:					
James D Fulford					
Name of Contact Person					
Kenja II Inc					
Firm/Company					
7565 W 20th Avenue					
Hialeah FI 33014					
City/State and Zip Code					
email@luckygaming.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
James D Fulford Name of Contact Person Area Code & Daytime Telephone Number					
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 Contentions Street Address: Amendment Section					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)



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

statement of cha	unge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of egistered agent, or both, in the State of I	FL_	
The name of The principal	the corporation: Kenja II, Inc.	venue, Hialeah FL 33014		
	V11100 BOOL 6551	th Avenue, Hialeah FL 330	14	
4. Date of incor	poration/qualification: 01/12/198	Document number: M446	82	
	I street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file w signed)	rith the	
	CT Corporation System			
	1200 South Pine Island F	Road	_	
	Plantation, FL 33324		20191 SEC	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered of	2019 MAY 17 SEURETAR TALL & HA	
	James D Fulford, Preside	ent	188E	3
	7565 W 20th Avenue		<u> </u>	
	Hialeah, FL 33014	NOT ecceptable	ATE	
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its	s registered agent,	:
Such change wa authorized by th	is authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by an a notified in writing of the change.	officer so	
		James D Fulford, President		
I hereby accept I further agree t performance of	IN STAILURY TIING E GIRN TIINNIIITY WITTIN AR	runed or typed name and till t and agree to act in this capacity, statutes relative to the proper and com nd accept the obligation of my position reflect a change in the registered office ed in writing of this change.	plete	
	- held	5/16/19		
If signing on bel	nature of Registered Agent	Date		
Ту	ped or Printed Name			

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