

N1600000186C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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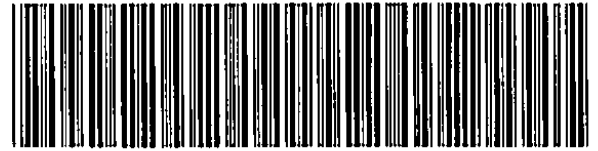
(Business Entity Name)

(Document Number)

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2018 OCT 17 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

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10/18/18  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2018

KRISTINA E. WILSON, ESQ.  
SIMPLY LEGAL, LLP  
1395 BRICKELL AVE., SUITE 120  
MIAMI, FL 33131

SUBJECT: NINJA ACADEMY INCORPORATED  
Ref. Number: N16000001860

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

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 918A00011658

RECEIVED

2018 OCT 17 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ninja Academy Incorporated  
Name of Corporation

N16000001860  
**DOCUMENT NUMBER:**

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:

Kristina E. Wilson

Name of Contact Person

Simply Legal, LLP

Firm/Company

1395 Brickell Avenue, Suite 120 Attn: Legal Notices

Address

Miami, FL 33131

City/State and Zip Code

kristina@simplylegalgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina E. Wilson

305 858-6208

Name of Contact Person at ( ) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ninja Academy Incorporated
2. The principal office address: 2000 NE 146 Street, North Miami, FL 33181
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/23/2016 Document number: N16000001860

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Malka Livingston

2000 NE 146 Street

North Miami, FL 33181

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Simply Legal, LLP

1395 Brickell Avenue, Suite 120 Attn: Legal Notices

Miami, FL 33131

P.O. Box NOT acceptable

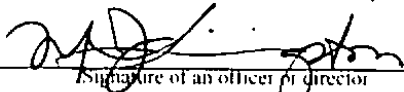
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TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

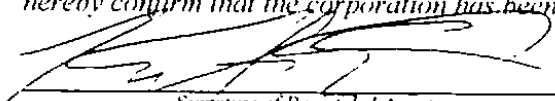
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Malka Livingston

\_\_\_\_\_  
Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/2/18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Kristina E. Wilson  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)