

P16 000022342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$35

Q. SILAS

JAN

11/3/22

Office Use Only



400377016424

11/25/21--01118--011 *\$37.50

FILED
2022 JAN -3 PM 5:57
SECRETARY OF STATE
JAN 3 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN -3 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FL

December 14, 2021

ORFELINDA ROJAS
711 EAST MAIN STREET
SUITE 102
HAINES CITY, FL 33844

SUBJECT: NINFA AMOR SERVICES, INC
Ref. Number: P16000022342

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 421A00030152

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ninaf Amor Services Inc
(Name of Corporation)

DOCUMENT NUMBER: P16000022342

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicudemo Lopez

(Name of Person)

Ninfa Amor Services Inc

(Name of Firm/Company)

711 East Main Street Suite 102

(Address)

Haines City, FL 33844

(City/State and Zip Code)

For further information concerning this matter, please call:

Orfelinda Rojas

(Name of Person)

at (407) 334-8287

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION **FILED**
FOR A CORPORATION

2022 JAN -3 PM 5: 57

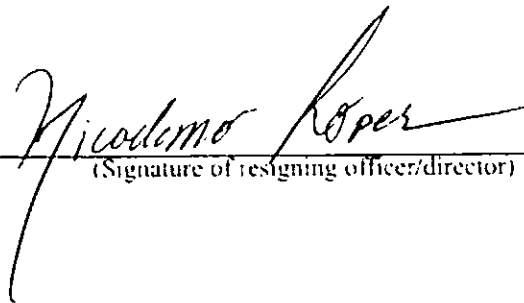
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Nicudemo Lopez, hereby resign as Secretary/Treasurer
(Title)

of Ninfa Amor Services, Inc.
(Name of Corporation)

P16000022342, a corporation organized under the laws of the State of
(Document Number, if known)

Florida USA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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