P23000014389

(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:					
RA Charage					
Office Use Only					



600432877906

S. CHATHAIN

AUG 1 | 2024

07/15/24--01030--030 ++35.00



COVER LETTER *

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: NI AND A. INC.	
Name	of Corporation	
DOC	UMENT NUMBER: P23000014389	
The er	nclosed Statement of Change of Registered	I Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	•	-
BRIA	N CHAN-A-SUE	
Name	of Contact Person	 ;
-22		
	Company	
	ockside Circle	
Addre		
	n, FL 33327 tate and Zip Code	
Cityra	brian@mriprecision.com	
F-ma	il address: (to be used for future annual	Lenort notification)
4 11144	in address. (to be ased for father annual	(Tep/// notification)
For fu	rther information concerning this matter, [dease call:
BRIA	N CHAN-A-SUE	, 561 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Name of Contact Person	at (⁵⁶¹)452-2288 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	nge is submitted for a corporation	(77.0302, 607.1308, or 617.1308, Florida 3) organized under the laws of the State of $rac{1}{2}$ registered agent, or both, in the State of F	lorida
	he corporation: NI AND A. INC.	regimered agent, or some, in the source sy	
2. The principal	office address: 163 Dockside Circle	e, Weston, FL 33327	
4. Date of incorp	poration/qualification: 2/16/2023	Document number: P2300001	4389
	street address of the current regis tment of State: (If resigned, enter)	tered agent and registered office on file wiresigned)	th the
	Brian Ivor Chan-A-Sue		_
	163 Dockside Circle, Weston, FL 3	3327	-
			024 Ecr
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered of] <u></u>
	Benjamin R. Dishowitz, PA	<u> </u>	SEE STAI
	1177 SE 3rd Ave.	ŗ	
		P.O. Box NOT acceptable	-m vo
	Fort Lauderdale, FL 33316		_
The street addre	ess of its registered office and the be identical.	street address of the business office of it	is registered agent.
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	idopted by its board of directors or by an een notified in writing of the change.	officer so
A Sur	nA L	Brian Ivor Chan-A-Sue, P	
l furthér agrée i of my dutiès, an document is bei	to comply with the provisions of a	Printed or typed name and use of the proper and agree to act in this capacity. The statutes relative to the proper and continue to the obligation of my position as registere as in the registered office address. I here thange.	nplete performance
	//	July 1, 2024	
	nature of Registered Agent	Date	
If signing on:be	half of an entity:		
Benjamin R. Disl	·	_	
T)	yped or Printed Name		

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