

P230000 319 67

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

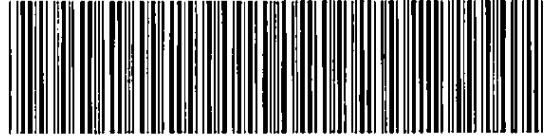
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/23--01013--012 **35.00

2023 MAY 18 PM 4:55

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NINA HERISSON INC.
Name of Corporation

DOCUMENT NUMBER: P23000031967

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:

Justin Munizzi

Name of Contact Person

The Munizzi Law Firm

Firm/Company

101 N. Woodland Blvd., Suite 601

Address

DeLand, FL 32720

City/State and Zip Code

legal@munizilaw.com

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

For further information concerning this matter, please call:

Sonja Wiles

Name of Contact Person

at (407) 772-6671

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 607.0502, 607.1508, or 607.1508, 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: NINA HERRISON INC.
2. The principal office address: 881 W. Warren Ave. Apt 102, Longwood, FL 32750
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/30/23 Document number: D23000031967
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)

Erazo, Oscar

417 E. Hillcrest St.

Altamonte Springs, FL 32701

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

The Munizzi Law Firm

101 N. Woodland Ave., Suite 601

P.O. Box Not Acceptable

DeLand, FL 32720

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.

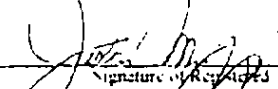


Signature of an officer or director

James Ma, Director

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

5/11/23

Date

If signing on behalf of an entity:

Justin Munizzi, Attorney, Managing Partner

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
CR27045 (04/13)