L21000037604

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Littly Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

A. RIVERS FEB 2 0 2023



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11/17/ 28 -- W. Beet (1 -- ** Th. 17

COVER LETTER

-	istration Section ision of Corporations						
SUBJECT:	UR New Nest Services, LLC						
Name of Limited Liability Company							
Dear Sir or l	Madam:						
The enclosed	d Registered Agent/Registered C	Office Change and fo	ce(s) are submitted for filing.				
Please return	all correspondence concerning	this matter to the fo	llowing:				
Theajo Davis							
	Name of Person		_				
UR New Nes	t Services, LLC						
	Firm/Company	•	_				
1 E Golden S	treet		_				
	Address						
Beverly Hills	, Florida 34465						
	City/State and Zip Code		_				
urnewnest@g	gmail.com						
E-mail	address: (to be used for future a	nnual report notification	ation)				
For further in	nformation concerning this matte	er, please call:					
Theajo Davis		904 at (292.6819				
	Name of Person		Area Code & Daytime Telephone Number				
	iling Address:		Street Address:				
	istration Section		Registration Section				
	ision of Corporations		Division of Corporations The Centre of Tallahassee				
	. Box 6327		2415 N. Monroe Street, Suite 810				
1 411	ahassec, FL 32314		Tallahassee, FL 32303				
Enc	losed is a check for the followin	ng amount:					
■ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: UR New Nest Se	ervices, I	I.C	
2. (a)	1 E Golden Street, Beverly Hills, Fl 34465 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
				
	01/19/2021		L2100003	37604
	Date of filing/registration in Florida	— 4.		Document number
. (a)	Theajo D Baughn			
. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of S	itate:
	Title MGR		•	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	
	1 E Golden Street			
	Beverly Hills , F	L_34465		
(L)	Theajo Davis			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office 1	ddress:	<u> </u>
	Title MGR			· 2
	NEW Registered Office Address:			
	I E Golden Street			
		٠		
	Beverly Hills , F	L_34465		
f the l	imited liability company is not organized under the la	ws of th	e State of I	Florida, it is hereby confirmed that after the
gent v /as/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members	iability o of the lin	ompany, i mited liabi	t is hereby confirmed that the change(s) lity company or as otherwise provided in
ie arti	cles of organization or the operating agreement of the		liability co eajo Davis	ompany.
Signal	ture of a member or authorized representative of a member		- Davis	Printed or typed name of signee
heret rovisi he obl	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to ac perform d for in hereby c	et in this ca nance of m Chapter 6 confirm the	inacity I further agree to comply with the
ionahı	re of Redistered Agent			