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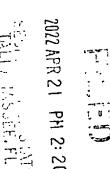
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Certificates of Status						





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CW 50 Name of Lim	STING LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Cynthia Poole Name of Person	
Firm/Company	
8070 Cortez Buld	
Week's wachee Florida 3 City/State and Zip Code	4607
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	II:
Cynthia Poole at (7) Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
S25 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. Na	lame of the limited liability company:	NESTI	ng Ll	<u>C</u>		
2. (a)		(b)	J			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· / <u>—</u>		ing address of limit ote: MAY BE POS		
	9070 Cortez Blvd		60r	io Cortez	· 61	<u>d·</u>
	weeki wachee , FL 34607		weekii	unchee F	<u>L3</u>	4607
	03/08/2020		1 220	30011786	3	
3.		4.	·	cument number		
5. (a))					
` .	Registered Agent and Registered Office shown on the records of the F	lorida Dep	t. of State:			
	Registered Office Address MUST RE FLORIDA STREET ADD	<u>C</u> (RESS)		ر. د	2(
	5575 S. Semoran Blud	30		AL SEC)22 APR	-
	_Orlando	32820	7	; 	R 21	
(1-)				(7. (7.	PK	1 6
(b)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ice address	<u></u>	ाः मृज्	$\ddot{\sim}$	
	Continue Rola				20	
	Cynthic Foole NEW Registered Office Address:					
	3070 Cottez Blvd.					
	meeti machee .ft. 3	3460	7			
101					, -	
change	limited liability company is not organized under the laws of e or changes are made, the Florida street address of the region of	istered of	ffice and the	e business office	e of the	registered
was/w	will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the	e limited	liability co	mpany or as oth	that the nerwise	e change(s) e provided in
	ticles of organization or the operating agreement of the limit O_{total}			- /1	.	
Signa	ature of a member or authorized representative of a member		Pri	ted or typed name	of signe	c
provisi the obl to mer	eby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for rely reflect a change in the registered office address, I here ed in writing of this change.	o act in ti formance r in Chap thy confir	his capacity of my dutie eter 605, F.S m that the l	: I further agre s, and I am fan 3. Or, if this do imited liability	re to co niliar w cumen compa	omply with the with and accept t is being filed my has been
Signatu	ure of Registered Agent					