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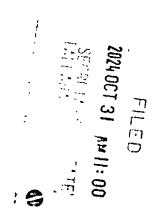
(Re	equestor's Name)	<u></u>				
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PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations							
INVEST-NEST L.L.C SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered (Office Change ar	nd fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to th	e following:					
Tyler Mamone							
Name of Person							
Mamone Villalon PLLC							
Firm/Company							
100 SE 2nd St. Suite 4030							
Address							
Miami, FL 33131							
City/State and Zip Cod	e						
tyler@mvlawpllc.com							
E-mail address: (to be used for future a	annual report not	ification)					
For further information concerning this matt	ter, please call:						
Tyler Mamone	786 at (4958180					
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 followi	ing 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. Na	ame of the limited liability company: INVEST-NEST L	L.C				_
2. (a)	12260 SW 132 COURT	(b) 12260 SW		V 132 COURT		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	s of limited liabilit BE POST OFFI	
	Suite 113		Suite 113			
	MIAMI, FL 33186	_	MIAMI. F	L 33186		<u>.</u>
	May 23, 2023		L23000252	719		
3.	Date of filing/registration in Florida	4.		Document n	umber	
5. (a)	Tyler Mamone					
.,. (u <i>)</i>	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	– e:		
	Mamone Villaton PLLC					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	SS)	-		
	100 SE 2nd St, suite 2000				202	i
	Miami, FL	33131		_	989 1989 1987	- TI
(b)	Tyler Mamone				<u> </u>	FILE
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	iddress:	_		D
	Mamone Villalon PLLC				2024 OCT 31 MM II: OO SECRETAR CHENTATE FALLARI	
	NEW Registered Office Address:			g		
	100 SE 2nd St, Suite 4030			_		
	Miami . FL	33131				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li	red office and company, it is mited liability	d the busines s hereby conf y company o	is office of the firmed that the	registered change(s)
Signat	ture of a member or authorized representative of a member	_	· ·	Printed or type	ed name of signee	
provisi the obli to merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ree to ac perform d for in hereby (et in this cape nance of my o Chapter 605 confirm that i	acity. I furth duties, and I , F.S. Or, if the limited lid	er agree to con am familiar wi this document ability compan	nply with the th and accept is being filed y has been
Signator	re of Registered Agent					