## 190000 30-11/7

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

Office Use Only



200432268422

07/03/24--01003--009 \*\*35.00



C 7/03/24

## **COVER LETTER**

TO:

TO:	Amendment Section Division of Corporations				
	Division of Corporations				
SUBJ Name	JECT: NEST International, Inc. of Corporation				
DOC	UMENT NUMBER: P19000030747				
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitte	d for filing.		
Please	e return all correspondence concerning this	matter to the following:			
Jennif	Ger Schmidt				
Name	of Contact Person	<del></del>			
Quark	es & Brady, LLP				
Firm/0	Company				
411 E	. Wisconsin Avenue, Suite 2400			و .م د :	
Addre	PSS PSS	·	-	÷ '	
Milwa	nukee, WI 53202		<u>,</u>	-	
City/S	State and Zip Code		<b>三</b>	$\ddot{\omega}$	
	jennifer.schmidt@quarles.com	m	3.5° 12.5°		•
E-ma	il address: (to be used for future annua		IY OF STATE ASSEE, FL	:   He	
For fu	orther information concerning this matter. I	olease call:	· m	7	
Jennif	er Schmidt	at (414 ) 277-5414 Area Code & Daytime			
	Name of Contact Person	Area Code & Daytime	e Telephone	e Num	iber
Enclos	sed is a \$35.00 check made payable to the	Department of State.			
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassec	:		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statute, ition organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida	
1. The name of (	the corporation: NEST Internat	ional, Inc.	
		lvd, 4th Floor, Naples, FL 34119	
4. Date of incorp	poration/qualification: 4/11/20	19 Document number: P19000030747	
	i street address of the current retiment of State: (If resigned, en	egistered agent and registered office on file with the tter resigned)	
	Quarles & Brady		
	1395 Panther Lane, Suite 300		?
	Naples, FL 34109		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Registered Agent Solutions, In-	c. FI	<del></del>
	2894 Remington Green Lane, S	Suite A	~
	Tallahassee, FL 32308	P.O. Box. NOT acceptable	
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of its regis	stered agent,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	lly adopted by its board of directors or by an office as been notified in writing of the change.	r so
Robert Almond		Robert Almond, President	
I hereby accept I further agree of my duties, an document is bei	te of an other of director  the appointment as registered to comply with the provisions td I am familiar with and acce tng filed merely to reflect a ch ts been notified in writing of th	Printed or typed name and little d agent and agree to act in this capacity. of all statutes relative to the proper and complete op the obligation of my position as registered agen lange in the registered office address, I hereby conjust change.	performance u. Or, if this firm that the
Adam 5		6/24/2024	
	nature of Registered Agent half of an entity:	Date	
Adam Saldana			
1	yped or Printed Name		
	* * * F	ILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)