Current Mai	ling Address:			
	ESS MANOR DR APT 303			
FEI Number: 87-4444054			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
	GISTERED AGENT LLC AVE TOWER I 26 US			
The above name	d entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Flor	rida.
	d entity submits this statement for the purpose of changing its re E: WESLEY DOLAN	egistered office or regis	tered agent, or both, in the State of Floi	^{rida.} 04/30/2023
		egistered office or regis	tered agent, or both, in the State of Flor	
SIGNATUR	E: WESLEY DOLAN	egistered office or regis	tered agent, or both, in the State of Floi	04/30/2023
SIGNATUR	E: WESLEY DOLAN Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, in the State of Flor	04/30/2023
SIGNATURI Authorized	WESLEY DOLAN Electronic Signature of Registered Agent Person(s) Detail :			04/30/2023
SIGNATUR	E WESLEY DOLAN Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	AMBR	04/30/2023
SIGNATURE Authorized Title Name	E WESLEY DOLAN Electronic Signature of Registered Agent Person(s) Detail : AMBR KANDAKURI, KARTIK REDDY	Title Name	AMBR PALLAPOTHU, RAKESH 9L GARDEN TER	04/30/2023 Date
SIGNATURE Authorized Title Name Address	E WESLEY DOLAN Electronic Signature of Registered Agent Person(s) Detail : AMBR KANDAKURI, KARTIK REDDY 8871 CYPRESS MANOR DR APT 303	Title Name Address	AMBR PALLAPOTHU, RAKESH 9L GARDEN TER	04/30/2023 Date

8871 CYPRESS MANOR DR APT 303

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

TAMPA, FL 33647

DOCUMENT# L22000017356

Entity Name: TRULY NEST LLC

Current Principal Place of Business:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARTIK REDDY KANDAKURI

MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 30, 2023 Secretary of State 5854992424CC