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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for furure annual report mailings. Enter only one email address please.\*\*

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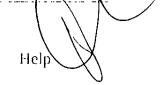


REGISTERED AGENT CHANGE STERLING TRANSPORTATION, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or registere	ed under the laws of the State of		ís
1. The name of t	he corporation: STERLING TRANSP	ORTATION, INC.		
	office address: 2108 N ST STE N		-	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 09/23/2005	Document number: F050000	05466	
	I street address of the current registered age tment of State: (If resigned, enter resigned)		i the	
	Davis, James Keith			
	8201 NW 56TH ST			
	MIAMI, FL 33166			
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered offic	SEL.	2023 HAY -9
	Northwest Registered Agent	LLC		AY.
	7901 4th St N STE 300		SSVH NV.	′-9 AI
	St. Petersburg FL 33702	SEE. F	AM 8: 3	
The street addre	ss of its registered office and the street ad be identical.	ldress of the business office of its	regisière	_
Such change wa authorized by th	is authorized by resolution duly adopted b he board, or the corporation has been notif	y its board of directors or by an olited in writing of the change.	lficer so	
Jacon Signatur	e of an officer or director	James Davis - CEO	<del></del>	
l further agrée t of my duties, and document is bei	the appointment as registered agent and to comply with the provisions of all statute of an invitable the obligation of the obligation of the obligation of the merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity, es relative to the proper and comp ution of my position as registered t registered office address, I hereby	lete perf agent. C confirm	ormance or if this that the
T-N-		05/09/2023		
-	same of Registered Agent	Date		
	half of an entity:			
Taylor New	man  ped or Printed Name			
• •	* * * FILING 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)