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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Sertified Sopies					

Special Instructions to Filing Officer:					





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FEB 1 0 2015 T. CARTER

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	STERLING, LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the fo	llowing:			
TYLE	R TEDROW					
	Name of Person		-			
STER	LING, LLC					
	Firm/Company		-			
200 S	OUTH KNOWLES AVENUE		_			
	Address					
WINT	ER PARK, FL 32789					
	City/State and Zip Code					
TYLE	RTEDROW@GMAIL.COM					
Е	-mail address: (to be used for future annu	ual report notification	ation)			
For fur	ther information concerning this matter,	please call:				
THOM	MAS TEDROW	407	7019098			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314			
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	\$ 55	Filing Fee & Certified Copy			

INHS18 (2/14)

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: STERLING,	LLC			
2. (a))		
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	` ` ′	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	200 SOUTH KNOWLES AVE.		200 SOUTH KNOWLES AVENUE WINTER PARK, FL 32789		
	WINTER PARK, FL 32789				
	12/12/2003	L	L03000052293		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	TYLER TEDROW				
J. (u)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	<u></u>			
	2350 TEMPLE DRIVE				
	WINTER PARK , F	_L 32789	 TAL 15		
			FEB LARE		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	Iress: S			
	Ellier frame of NEW Registered Agent and/of NEW Registere	u Onke auu	SE S		
			ယ 🔭 တ		
	NEW Registered Office Address:		TATI ORIG		
	200 SOUTH KNOWLES AVENUE				
	WINTER PARK , , , , , , , , , , , , , , , , , , ,	_L 32789			
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the S of the regist liability cor of the limi e limited li	stered office and the business office of the registere impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee		
I here provis the obt to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	e nerforma	in this capacity. I further agree to comply with the		
Signatu	are of Kegynered Agent				
	Division of Cornerations P.O.	Rox 6327	Tallahassee, FL 32314		

FILING FEE: \$25.00