L040000051105

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
- PICK-UP WAIT MA	AIL
(Business Entity Name)	_
(Document Number)	
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Special Instructions to Filing Officer	
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:10	0/11/2024	
Name:	Cheyanne Davis	
Reference #:_	2523506	_
Entity Name:_	STERLING EN	TERPRISES, L.L.C.
☐ Articles	of Incorporation/Authorization	to Transact Business
Amendr	ment	
✓ Change	of Agent	
Reinsta	tement	
Convers	sion	
Merger		
Dissolut	tion/Withdrawal	
☐ Fictitiou	s Name	
Other_		
Authorized Am	ount: \$25.00	
Signature:	Uhyma Paine	

F: 800.944.6607

+44 (0)20.3961,3080



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:1	0/11/2024	
Name:	Cheyanne Davis	-
Reference #:_	2523506	_
Entity Name:_	STERLING EN	TERPRISES, L.L.C.
☐ Articles	of Incorporation/Authorization	to Transact Business
Amend	ment	
✓ Change	e of Agent	
Reinsta	itement	
☐ Conver	sion	
Merger		
☐ Dissolu	ition/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized Am	nount: \$25.00	
Signature:	Oryma Paine	

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.

Name of the limited liability company:				Sterling Enterprises, L.L.C.		
2	(n)	230 N SUMMIT AVE		(b)	P.O. BOX 714	
<u></u> (a)	(41)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		107	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		LAKE HELEN, FL 32744	_		LAKE HELEN, FL 32744	
		01/20/2004			L04000005165	
3.		Date of filing/registration in Florida			Document number	
		Tolbert, Robert Wesley				
Э.	(a)	Registered Agent and Registered Office shown on the records	of the F	lorida Dept. of	State:	
		6500 E Broadway Ave				
		Registered Office Address (MUST BE FLORIDA STREE				
		TAMPA	FL	33619	2024 00	
	4 la X	Cogency Global Inc				
(b)	(0)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			· :	
		115 North Calhoun Street, Sui	ite 4		<u> </u>	
		NEW Registered Office Address:			<u> </u>	
		Tallahassee	FL	32301	_ _	
the age wa	cha ent v s/we	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of	of the d liabil rs of th	registered of ity company, e limited liab	flice and the business office of the registere it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	_	Tow Beerle			Tom Beerle	
		iture of a member or authorized representative of a member			Printed or typed name of signee	
pro the to	ovisi Pobl mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proved reflect a change in the registered office address of this change.	agree t ele per ided fô . I here	o act in this of formance of in Chapter objection to the confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accep 603, F.S. Or, if this document is being filed hat the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Katie Nicholson, Assisant Secretary

Ketandon

Signature of Registered Agent