1040000 14078

(Requestor's Name)							
(Add	ress)						
(Add	ress)						
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificate	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



900331576469

07/15/19--01028--027 **25.00

19 JUL 15 PH 2:22
SLUKLIARY OF STATE
FALL AHASSET, FLORIDA

JUL 2 4 ZM T SOHROEDER

COVER LETTER

_	sistration Section ission of Corporations						
SUBJECT: Sterling Management, LLC							
	Name o	f Limited Lia	bility Company				
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Office	Change and fo	ce(s) are submitted for filing.				
Please retur	m all correspondence concerning this n	iatter to the fo	ollowing:				
Seth La	arrabee						
	Name of Person						
Sterlin	g Management, LLC						
	Firm/Company		-				
111 NE	E 1st Street, 8th Floor S	Suite 323	3_				
	Address						
Miami,	, FL 33132						
	City/State and Zip Code						
	cmarketingpro@gma		-				
E-mai	l address: (to be used for future annual	report notifie	eation)				
For further	information concerning this matter, ple	rase call:					
Seth La	rrabee	_{at (} 561	466-0208				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building of Executive Center Circle lahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314				
Ene	Enclosed is a check for the following amount:						
2 (\$25 Filing Fee	☐ \$55	Filing Fee & Certified Copy				

TO:

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.

I. No	une of the limited liability company: Sterling N	1ana	ageme	ent, LLC		
	111 NE 1st Street	(b) 111 NE 1st Street				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (0		Mailing address of limited (Note: MAY BE POST	-	
	8th Floor Suite 323		8th Flo	oor Suite 323		
	Miami, FL 33132		Miami,	FL 33132		·
	02/23/2004		L0400	0014078		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Seth A Larrabee					
υ. (u)	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of State	- v:		
	455 NE 5TH Ave.					
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	2	-		
	Suite D-148		··	_		
	Delray Beach FI 3	348	3	**************************************	_	
(b)	Registered Agents Inc.			- E	19 JUL	· T i
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	dress:	- ماز م () م ()	- 15	* I
	7901 4th St N				, - ₽!	i I
	NEW Registered Office Address:				. r <u>.</u>	
	STE 300				, (A)	
	St. PetersburgFL 3	370	2			
the cha agent v was/wa	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liabore.	ne regination of the limited l	stered office ompany, it is ofted liability	c and the business off s hereby confirmed the y company or as other apany.	fice of that the c	ne registered hange(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name of	Esignee	
provisi the obt to mer notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete points of my position as registered agent as provided ely reflect a change in the registered office address. The distribution of this change. Bill Havre - Assistant	erform for in (reby c	ance of my Thapter 605 onfirm that	acity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	r to com iliar wit nument is company	ply with the h and accept s being filed has been
Signatu	re of Registered Agent		· · · · · ·			

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