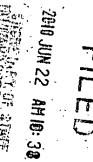
L09000120231

(Requestor's Name)
(Address)
(Addioss)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
the same of the same of the same
Special Instructions to Filing Officer:
A. LUNT
JUN 23 2010
EXAMINER



900182340069

06/21/10--01032--019 **25.00



COVER LETTER

	tion Section of Corporations						
SUBJECT:	SUBJECT: STERLING FIN. & MGMT, LLC Name of Limited Liability Company						
Dear Sir or Mad	am:						
The enclosed Re	egistered Agent/Registere	d Office Ch	ange and fo	ee(s) are	submitted	for filing	,
Please return all	correspondence concern	ing this matt	er to the fo	ollowing:	;		
Tana (· = · = · ,	- •	*	. - 7			2010 JUN 22
	Alison Cook					200 m	2E 2
	Name of Person					(2) (2)	
-					;	क्ष. जि.स	AM 18: 38
	Ferrante & Associates	S			i		<u>cii</u>
	Firm/Company						ဏ္
						-	•
	126 Prospect Street						
	Address		,		•		
<u>.</u>							
	Cambridge, MA 0213	9		•			
	City/State and Zip Code						
					!		
laf@	Dferranteandassociates (to be used for future annual rep	S.COM					
E-man address.	(to be used for future annual rep	on nonneanon,					
Eor further infor	mation concerning this m	natter, please	call:				
	Alison Cook	at (6	S17)		868-5000)	
N	ame of Person	 \	Area Co	ode & Daytir	me Telephone	Number	
STREET	COURIER ADDRESS:		MAILING	C ADDRE	.22.		
	on Section		Registration				
	of Corporations		Division of Corporations				
Clifton B			P.O. Box				
	cutive Center Circle ee, Florida 32301		Tallahasse	ee, Florida	32314		
	l is a check for the follo	wing amour	nt:				
	iling Fee	Ē		ng Fee &	Certified (Сору	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:STE	ERLING FIN. & MGMT, LLC						
2. (a) Principal office address of limited liability company	2950 NORTH 28TH TERRACE						
(Note: MUST BE STREET ADDRESS)	HOLLYWOOD FL 33020						
(b) Mailing address of limited liability company:	2950 NORTH 28TH TERRACE						
(Note: MAY BE POST OFFICE BOX)	HOLLYWOOD FL 33020						
12/18/2009	L09000120231						
3. Date of filing/registration in Florida	4. Document number						
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:						
Registered Agent:	CORPORATION SERVICE COMPANY						
Registered Office Address:	1201 HAYS STREET						
	TALLAHASSEE FL 32301-2525						
	I .						
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address						
<u>NEW</u> Registered Agent:	ANTHONY A. KALLICHE						
NEW Registered Office Address:	2950 NORTH 28TH TERRACE						
(MUST BE FLORIDA STREET ADDRESS)	- I'M						
	HOLLYWOOD FEB3020						
If the limited liability company is not organized under the laws of the State of Florida it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.							
1 Ftit							
Signature of a member or authorized representative of a member	- 1						
Michael Natale							
Printed or typed name of signee	- (2)						
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of my poor chapter 608, F.S. Or if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.						
Signature of Registered Agent Anthony A. Kalliche							

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

INHS18 (05/08)