15000/44749

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K.SALY EXAMINER SEP - 6

COVER LETTER

Division of Corporations	·						
SUBJECT: SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Kaleb Houfburg							
Name of Person							
Sterling Household Services, LLC							
Firm/Company							
3814 NW Adriatic Ln							
Address							
Jensen Beach, FL 34957							
City/State and Zip Code							
sterlinghouseholdservices@gmail.com							
E-mail address: (to be used for future annual repor	rt notification)						
For further information concerning this matter, please ca	all:						
Kaleb Houfburg 56	61 935-5175						
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 HO	DUSE	HOLD SE	RVICES, LLC			
2. (a)	3814 NW Adriatic Ln		(b) 3814 NW Adriatic Ln					
` '	Principal office address of limited liab (Note: MUST BE STREET AD		_		Mailing address of limit		-	
	Jensen Beach, FL 34957		_	Jensen	Beach, FL 3495	7		
	8/24/2015		_	L1500014	44749		_	
3.	Date of filing/registration in l	Florida	4.		Document number	 r		
5. (a)	REGISTERED AGENTS INC							
(-)	Registered Agent and Registered Office shows 3030 ROCKY POINT DRIVE	on the records of the	e Florid	a Dept. of State	e:			
	Registered Office Address (MUST BE FLA	ORIDA STREET AL	DDRES.	<u>S)</u>	- Xo		2016	
	TAMPA	. FL 3	3607			25	SEP	** ** ** ** ** ** ** ** ** ** ** ** **
(b)	KALEB HOUFBURG Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered O	Office ad	dress:	~	CONETARY OF STAIL	2016 SEP - 1 AK 12: 34	
	3814 NW Adriatic Ln					5-	F	
	NEW Registered Office Address:				~			
		<u> </u>			_			
	Jensen Beach	, FL_3	4957		_			
the cha agent v was/we the arti	imited liability company is not organize ange or changes are made, the Florida sivill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating ag	treet address of the orida limited liab the members of the dreement of the li	he reginated in the limited in the l	stered office ompany, it is sited liability	e and the business of a hereby confirmed by company or as of the pany. In a second se	office of that the the the the the the the the the th	of the he cha se prov	registered
	ture of a member or authorized representative of				Printed or typed name	_		
provisi the obl to mere	by accept the appointment as registered ons of all statutes relative to the prope, igations of my position as registered as ely reflect a change in the registered of I in writing of this change.	r and complete pi	eriorm	ance of my	duties and Lam for	miliar	with o	nd accont

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

Signature of Registered Agent