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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: STERLING GROUP LIMITED AND ASSOCIATES LLC					
SUBJECT:Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MELVIN G HUNDLEY					
Name of Person					
STERLING GROUP LIMITED AND ASSOCIATES	S LL(
Firm/Company	-				
2800 N 6TH STREET, #5036	ZOTO AUG 22 SECRETARY TALLAHASSE				
Address	ALBAN				
ST. AUGUSTINE, FL 32084	m Z				
City/State and Zip Code					
info@sglallc.com	SINIE CORIDA				
E-mail address: (to be used for future annual report no	tification)				
For further information concerning this matter, please call:					
MELVIN G HUNDLEY 702	244-0564				
Name of Person	Area Code & Daytime Telephone Number				
Registration Section	MAILING ADDRESS: Registration Section				
	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
2 \$25 Filing Fee □	□ \$55 Filing Fee & Certified Copy				

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	GROUF	LIMITED	AND ASSOCIATES LLC
2. (a)	2800 N 6TH STREET	C	2800 N	6TH STREET
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)
	#5036		#5036	
	ST. AUGUSTINE, FL 32084		ST. AUG	GUSTINE, FL 32084
	07/29/2016		L160001	42431
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	REGISTERED AGENTS INC			
J. (a)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Stat	= e:
	5834 GRAMMARCY CIR			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	2)	-
	STE 150A			<u> </u>
	RICHMOND	FL_23227		2016 /
				AREA AND A
(b))6 22 1X88
	Enter name of NEW Registered Agent and/or NEW Register	red Office ac	<u>ldress</u> :	P P
	3030 N. Rocky Point Dr.			3: 05
	NEW Registered Office Address:			
	STE 150A	····		- -
	Tampa	_{FL} _33607		_
the cha agent v was/w	imited 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 ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the street of the street of the street of the operating agreement of the street of the	laws of the of the reg liability c s of the lin he limited	e State of Flostered offic ompany, it inited liability contains the state of the st	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
- Kinns	sture of a member or authorized representative of a member	ME	LVING	
I here provis the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provietly reflect a change in the registered office address, d in writing of this change.	agree to ac ele perforn ded for in I hereby c	t in this cap pance of my Chapter 60: confirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signati	re of Registered Agent			