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(Requestor's Name)	
(Address)	
(442)	
(Address)	
(City/State/Zip/Phone #)	-
PICK-UP WAIT MA	JL
(Rusiness Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

11.01.6. 030 33	70 1300	
	ACCOUNT NO. : 120000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$25.00	Prophy J
ORDER-DATE-:-	1/22/2024	est S
ORDER TIME :		
ORDER NO. :		en e
CUSTOMER NO:		E FH &
		건 23
	CHANGE OF AGENT	
NAME: S	STERLING INVESTMENTS PROPERTIES, I	LLC
PLEASE RETURN	THE FOLLOWING AS PROOF OF FILING	(:
	FIED COPY STAMPED COPY	
CONTACT PERSO	N: ALEXXIS WEILAND-SORENSON	
	EXAMINER'S INITIAL	S:

COVER LETTER

Division of Corporations	
Sterling Investment Properties, LLC SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Sharon Nolan	
Name of Person	
Black Diamond	<i>;</i> ;;
Firm/Company	
101 E Kennedy Blvd, Suite 2100	က် <u>ရှိ </u>
Address	
Tampa, FL 33602	
City/State and Zip Code	
snolan@blackdiamondcap.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Sharon Nolan 813 at (367-5281
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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.

	ame of the limited liability company:		
. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	101 E Kennedy Blvd	PO	Box 172117
	Suite 2100	Tan	npa, FL 33672
	Tampa, FL 33602	L230	000476658
•	Date of filing/registration in Florida	4.	Document number
. (a)	Sharon Nolan		
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	101 E Kennedy Blvd		·
	Registered Office Address (MUST BE FLORIDA STREE) Suite 2100	ET ADDRESS)	
	Tampa	33602 FL_	f % 3
	· · · · · · · · · · · · · · · · · · ·	FL	
(b)			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	
	Corporation Service Company		PH 3:
	NEW Registered Office Address:		3: 2 FLAT
	1201 Hays Street		· Η ω
	Tallahassee	FL ³²³⁰¹	
tha li	imited liability company is not organized under the		
hange gent w ras/we te arti	or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member dies of organization or the operating agreement of the proper and a member of all statutes relative to the proper and completing actions of my position as registered agent as providing reflect a change in the registered office address,	liability compan s of the limited li he limited liabilit Sharon N	ay, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Holan Printed or typed name of signee

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