

MD900005077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

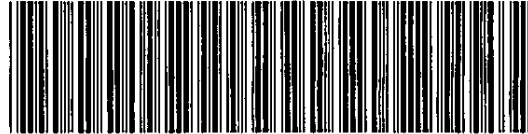
(Document Number)

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Office Use Only



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11/24/15--01005--014 **60.00

FILED
2015 JAN 28 P 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2015
J BRM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2016

ROSS NOLTE
4801 S. UNIVERSITY DR, STE 300
DAVIE, FL 33328

SUBJECT: POB SERVICES LLC
Ref. Number: M09000005099

2016 JAN 28 P 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for POB SERVICES LLC and your check(s) totaling \$60.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 816A00000943



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN 14 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 17, 2015

ROSS NOLTE
4801 S. UNIVERSITY DR, STE 300
DAVIE, FL 33328

SUBJECT: POB SERVICES LLC
Ref. Number: M09000005099

We have received your document for POB SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by a filing fee of \$25; an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 315A00026489

FILED

2016 JAN 14 P 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC 17 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 25, 2015

ROSS NOLTE
4801 S. UNIVERSITY DR. SUITE 300
DAVIE, FL 33328

SUBJECT: POB SERVICES LLC
Ref. Number: M09000005099

FILED
2016 JAN 28 P 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for POB SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by a filing fee of \$25, an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 015A00024930

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POB SERVICES LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSS NOLTE
Name of Person

POB SERVICES LLC
Firm/Company

4801 S UNIVERSITY DR. SUITE 300
Address

DAVIE, FL 33328
City/State and Zip Code

RNolte@POBCORP.COM
E-mail address: (to be used for future annual report notification)

2016 JAN 28 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

ROSS NOLTE at (954) 907-4871
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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: POB SERVICES LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

4801 S. UNIVERSITY DR. SUITE 300
DAVIE, FL 33328

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: 1009000005099

3. Jurisdiction of its organization: STATE OF DELAWARE

4. Date authorized to do business in Florida: DECEMBER 29th, 2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: STERLING Payment SOLUTIONS, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

STERLING MERCHANT SOLUTIONS, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ROSS NOLTE

New Registered Office Address: 4801 S. UNIVERSITY DR. DAVIE, FL 33328

Enter Florida Street Address

DAVIE

City

Florida 33328

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
PRESIDENT	ROSS NOLTE	11852 SW 9 CT DAVIE, FL 33325	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
SECRETARY & TREASURER	STACEY CELIOVIA	10729 EDINBURGH ST. COOPER CITY, FL 33026	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
PRESIDENT	RONALD NOLTE		<input type="checkbox"/> Add
		1132 FAIRFIELD MEADOWS DR WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
VICE-PRESIDENT	ROSS NOLTE	11852 SW 9 CT DAVIE, FL 33325	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

ROSS NOLTE

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2018 JAN 28 P 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "POB SERVICES CORP. LLC", CHANGING ITS NAME FROM "POB SERVICES CORP. LLC" TO "STERLING PAYMENT SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2015, AT 11:09 O'CLOCK A.M.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

4590669 8100
SR# 20160472247

Authentication: 201749244
Date: 01-29-16

You may verify this certificate online at corp.delaware.gov/authver.shtml