## M12000005874

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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CSC - WILMINGTON
251 Little Falls Drive
. Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 3, 2021

Order#: 610139-389

Re: STERLING CAPITAL MANAGEMENT LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

## 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	CAPITAL MANA	GEMENT OF NORTH CAROLINA LLC		
2. (a)	4350 Congress Street	(h)	(b) c/o Katrina D. Ramey		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 1000	200	0 West Second Street, 3rd Floor		
	Charlotte, NC 28209-4858	Wi	Winston-Salem, NC 27101		
	10/19/2012	M12	2000005874		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	C T Corporation System				
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STRE				
			2621 FIAR		
	Plantation	33324			
(b)		, FL			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
	Corporation Service Company		् <b>ा</b> • <b>ः</b>		
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	32301			
change agent v was/wa the arti	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membe icles of organization or the operating agreement of ill Cilmi	the registered of d liability compa ers of the limited the limited liabili	Tice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
	ture of a member or authorized representative of a member		Printed or typed name of signee		
I here provisi the obt to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	agree to act in th lete performance ided for in Chapt s, I hereby confirt	is capacity. I further agree to comply with the		
Corporation Serv			ervice Company		
Signature of Registered Agent Ami M. Ca.			er, Asst. Vice President		