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January 16, 2020

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337

Sincerely,

Jill Probst
Corporate Services Department
National Service Information, Inc
145 Baker St
Marion, Ohio 43302
jill@nsii.net

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	STERLING INDUSTRIAL, LLC					
	Nam	Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to i	he following:			
JILL V	VHITE					
	Name of Person					
NATIO	DNAL SERVICE INFORMATION, INC					
	Firm/Company					
145 B	AKER ST					
-	Address					
MARI	ON OHIO 43302					
	City/State and Zip Code					
DBUS	H@TRAYLOR.COM					
Ŧ	-mail address: (to be used for future ann	ual report n	otification)			
For fu	rther information concerning this matter,	please call:				
JILL V	VHITE	740 al (387-6806			
	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			
INHS	18 (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.

	(b)			
Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liabil (Note: MAY BE POST OFF		, :
Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	Document number		
Registered Agent and Registered Office shown on the reco	oras of the Florida Dep	n, of State:		
Registered Office Address (MUST BE FLORIDA STA	REET ADDRESS)			
Plantation	. FL_33324		2020	
NRAI Services, Inc.			MWT(/e- 3
	<u></u>	21 PH	7 may	
NEW Registered Office Address:		 : 11.	့် ကျ	-
1200 South Pine Island Road		35 		
Plantation	. FL ³³³²⁴			
ange or changes are made, the Florida street additional be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the menticles of organization of the operating agreement with the following authorized representative of a member of a member of a member of a member of a light of all statutes relative to the proper and continues of all statutes relative to the proper and continues of all statutes relative to the proper and continues of all statutes relative to the proper and continues of all statutes relative to the proper and continues are all statutes relative to the proper and continues are all statutes are all st	the laws of the Staress of the register lited liability computers of the limited of the limited liab	ed office and the business office coany, it is hereby confirmed that the liability company or as otherwise ility company. Nathaniel Harvey Printed or typed name of sign this capacity. I further agree to company and Lam familiar agree to the of my duties, and Lam familiar.	of the regine change e provide	stered (s) d in
	Date of filing/registration in Florida C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the rec Registered Office Address (MUST BE FLORIDA ST 1200 South Pine Island Road Plantation NRAI Services, Inc. Ente: name of NEW Registered Agent and/or NEW Registered Office Address: 1200 South Pine Island Road Plantation Ilimited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida limitedent authorized by an affirmative vote of the menticles of organization or the operating agreement with the street and consistency of all statutes relative to the proper and condigations of my position as registered agent as prefly reflect a change in the registered office addressive of fice addressi	Date of filing/registration in Florida 4. C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the Florida Department of Memory and the Florida Department of New Registered Office address 1200 South Pine Island Road Plantation FL NRAI Services, Inc. Entername of New Registered Agent and/or New Registered Office address New Registered Office Address: 1200 South Pine Island Road Plantation FL Signature of Address: 1200 South Pine Island Road Plantation FL Signature of a Florida street address of the register will be identical. 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Document number C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address [1200 South Pine Island Road] Plantation FL 33324 NRAI Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address 1200 South Pine Island Road Plantation FL 33324 Imited liability company is not organized under the laws of the State of Florida, it is hereby confirm ange or changes are made, the Florida street address of the registered office and the business office owill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that it rere authorized by an affirmative vote of the members of the limited liability company or as otherwise it less of organization of the operating agreement of the limited liability company. Nathaniel Harvey Nathaniel Harvey Nathaniel Harvey Nathaniel Harvey Printed or typed name of sign elsy accept, the appointment as registered agent and agree to act in this capacity. I further agree to all statutes relative to the proper and complete performance of my duties, and I am Jamiliar ely reflect a change in the registered agent as provided for in Chapter 603, F.S. Or, if this documer by reflect a change in the registered agent as provided for in Chapter 603, F.S. or, if this documer of the registered agent as provided for in Chapter 603, F.S. or, if this documer of the proper and complete performance of my duties, and I am Jamiliar chapter of the registered agent as provided for in Chapter 603, F.S. or, if this documer is proper and complete performance of the first the limited liability company is the proper and complete performance of the first the limited liability company is the proper and complete performance of the first the limited liability company is the proper and complete performance of the first the limited liability company is the proper and complete performance of the f	Date of filing/registration in Florida 4. 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[Nathaniel Harvey] Printed or typed name of signere by vecept the appointment as registered agent as provided for in Chapter 603, F.S. Or it this document is being rely reflect a change in the registered agent as provided for in Chapter 603, F.S. Or it this document is being rely reflect a change in the registered agent as provided for in Chapter 603, F.S. Or it this document is being rely reflect a change in the registered of the approximent has the limited liability company has been approximent to be proper and complete performance of my duling and I om familiar with and the plantage. Thereby confirm that the limited liability company has been approximated the registered of place address. I hereby confirm that the limited liability company has been approximated the registered of place address. I hereby confirm that the limited liability company has been approximated the proper and complete performance of my duling and I om familiar

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