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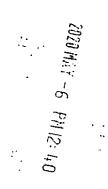
(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

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O SIMMONS



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: May 4, 2020

Order#: 269984-313

Re: STERLING BAY PROPERTY 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.

QUCA.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. N	ame of the limited liability company: STERLING E	BAY PROPERT	Y MANAGEMENT, LLC
2. (a)	1330 W. Fulton Street, Suite 800 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	Chicago IL 60607		
	02/26/2020	M	12000000221
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Cogency Global Inc.		
	Registered Agent and Registered Office shown on the records	s of the Florida De	pt. of State:
	115 N. Calhoun Street, Suite 4		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
			2020 HAY
	Tallahassee,	FL_32301	
			5
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Register	ared Office oddres	
	Tance name of NEW Registered Agent and of NEW Register	ereg Office address	12
	1201 Hays Street		 FH12: 40
	NEW Registered Office Address:	-	
			
	Tallahassee	FL 32301	
the chagent was for the act	limited 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 representative by an affirmative vote of the member class of organization or the operating agreement of a member or authorized representative of a member above accept the appointment as registered agent and closs of all statutes relative to the proper and complete.	s of the register d liability comp rs of the limited the limited liab Jill Cilm agree to act in	ed office and the business office of the registered rany, it is hereby confirmed that the change(s) if liability company or as otherwise provided in ility company. ni, Authorized Person Printed or typed name of signee this capacity. I further agree to comply with the
the ob to men notifie	ligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this Change of Registered Agent Corporation Service Compan	ided for in Cha :, I hereby confi	pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been M. Casper, Asst. Vice President

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