P07000049335

Florida Department of State
Division of Corporations
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        Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
STERLING RETAIL SERVICES, INC.

Certificate of Status	0
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A. RAMSEY
AUG - 2 2022

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August 1, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STERLING RETAIL SERVICES, INC.
340 ROYAL POINCIANA WAY
SUITE 316
PALM BEACH, FL   33480

SUBJECT: STERLING RETAIL SERVICES, INC.
REF: P07000049335

We received your electronically transmitted document. However, the
document has not been filed. Please make the following corrections and
refax the complete document, including the electronic filing cover sheet.

Please check only ONE box by Brian D. Kosoy's name. Either change, add or
remove.

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) 245-6823.

Annette Ramsey   FAX Aud. #: H22000257148
OPS   Letter Number: 122A00017132

**Articles of Amendment
to
Articles of Incorporation
of**

STERLING RETAIL SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000049335

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____, Florida _____
                                  (City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change	D	BRIAN D. KOSOY	302 Datura Street, Suite 100
___ Add			West Palm Beach, FL 33401
___ Remove			*Remove Director, Add President
2) ___ Change	P, S	GREGORY S. MOROSS	302 Datura Street, Suite 100
___ Add			West Palm Beach, FL 33401
X Remove			*Remove Entirely*
3) X Change	VP	DANIEL DEFAZIO	302 Datura Street, Suite 100
___ Add			West Palm Beach, FL 33401
___ Remove			*Add Treasurer*
4) X Change	VP	JORDAN FRIED	302 Datura Street, Suite 100
___ Add			West Palm Beach, FL 33401
___ Remove			*Remove Treasurer, Add Secretary
5) ___ Change	VP	ADAM L. MUNDER	302 Datura Street, Suite 100
X Add			West Palm Beach, FL 33401
___ Remove			VP & Chief Marketing Officer
6) ___ Change			
___ Add			
___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*).   *(Be specific)*

_____

_____

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(*if not applicable, indicate N/A*)

N/A
_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

Effective date if applicable: _____
_____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)   (CHECK ONE)

■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated _8/01/2022_____

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Erin Saville
_____
(Typed or printed name of person signing)

Attorney-In-Fact
_____
(Title of person signing)