Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000249664 3)))



H200002496643ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future. . annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE STERLING REALTY ASSOCIATES (FLORIDA) INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

JUL 3 0 2020

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID; 93FD3F5F-4758-4F7A-A973-496F0F286D4F

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	-	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of FLORIDA
in ord	ler to change its registered offic	e or registered agent, or both, in the State of Florida.
1. The name of	f the corporation: STERLING RE	EALTY ASSOCIATES (FLORIDA) INC.
	al office address:STREET SUITE 101 SARASOT:	A, FL 34235
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 10/27/2	Document number: P14000088048
	nd street address of the current r artment of State: (If resigned, er	registered agent and registered office on file with the inter resigned)
	R & A AGENTS, INC.	20
	850 PARK SHORE DRIVE TR	RIANON CENTER - THIRD FLOOR
	NAPLES, FL 34103	
6. The name ar (if changed)	• • • • • • • • • • • • • • • • • • • •	istered agent (if changed) and /or registered office
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·
	c/o C T Corporation System, 17	200 South Pine Island Road
		P.O. Box. NOT acceptable
	Plantation, Florida 33324	
The street add as changed wil	ress of its registered office and ll be identical.	the street address of the business office of its registered agent,
Such change wanthorized by	vas authorized by resolution du the board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.
	Muts	Gregory D. Martin
I hereby accep I further agree performance o agent. Or, if t	e to comply with the provisions of my duties, and I am familiar his document is being filed mer	Winted or typed name and title d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I a notified in writing of this change.
By: \ Jan	orpoyation System	1/21/2019
- 1/	ignature of Registered Agent	Durc
If signing on b	ehalf of an entjämes M.	Halpin
	Assistant Se	
	Typed or Printed Name	TING DDD GOT OO A AA
	***[-]	LING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)