## A2000000285

(Requestor's Name)						
(Address)						
(Address)						
	,					
(Cit	ty/State/Zip/Phone	e #)				
(0)	tyrotaterzipir noni	- <del>"</del> )				
PICK-UP	MAIT	MAIL				
(Bu	isiness Entity Nar	ne)				
(Do	ocument Number)					
<b>\</b>	,					
Carried Cones	Cortificator	o of Status				
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
·						

Office Use Only



200397364732

2022 NOV 17 PM 3: 17

RECEIVED

2022 NOV 17 AM 9: 18

NOV 17 AM 9: 1

10% 13 2022

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 11/17/2022	**WALK IN*
ENTITY NAMESAI	NPHER HOLDINGS L.P.
DOCUMENT NUME	BER
	**PLEASE FILE THE ATTACHED AND RETURN**
xxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
	NATION
TOTAL OWED \$ 35	5.00 ACCOUNT # 120160000072 W: J
Please call Tina o	at the above number for any issues or concerns. Thank you so much!

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRI	ECT: Sanpher Holdings L.P.			
., 010	Name of Limited Pa	ertnership or Limited Liability Limited Partnership		
DOC	UMENT NUMBER: A200000	00285		
	nclosed Statement of Change c are submitted for filing.	of Registered Office and/or Registered Agent and		
Picaso	e return all correspondence cor	ncerning this matter to:		
Megar	n Malarkey			
	Contact Person			
Incorp	orating Services, Ltd.			
	Firm/Company			
3500 \$	5 DuPont Hwy			
	Address	<del></del>		
Dover	, DE 19901			
	City, State and Zip C	Code		
E	-mail address: (to be used for future	annual report notification)		
For fu	irther information concerning t	his matter, please call:		
Megar	n Malarkey	at ( 302 ) 531-0705		
	Name of Contact Person	Area Code and Daytime Telephone Number		
Enclo	sed is a \$35.00 check made pa	yable to the Florida Department of State.		
Maili	ng Address:	Street Address:		
~	tration Section	Registration Section		
	ion of Corporations	Division of Corporations		
	Box 6327	The Centre of Tallahassee		
Tallal	hassee, FL 32314	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

L Sanpher Ho	oldings L.P.		
N.	ame of Limited Partnership or Lir	nited Liability Limited Partnersl	hip
2.07/30/2020	2020 3. A2000000285		
	g/registration in Florida	Florida document number	
4. The name of the r Department of State:	egistered agent and the registered	office address as shown on the	records of the Florida
	Corporation Service	e Company	
	Nai		
	1201 Hays Street		
	Add	ress	
	Tallahassee, Fl 323	01	
	City, Stat	and Zip	
5. The name and Flo	orida street address of the new reg	istered agent and/or office:	2022 NOV 17
	Incorporating Servi	ces, Ltd.	2 20
	Name		<u> </u>
	1540 Glenway Driv	'e	~ <del>-</del> -
	Florida street address (P	O. Box not acceptable)	7)E S
	Tallahassee	FL 32301	AH 9: 18
	City, State	e and Zip	∰ <b>∞</b>
6. Such change(s) is	/are effective when filed by the F	orida Department of State.	
/s/ Sandra Desc	ouza		
Signature of General	Partner		
comply with the prov	ppointment as registered agent a visions of all statutes relative to th th an accept the obligations of my	e proper and complete performa	I further agree to ance of my duties,
(auth dies	Courtney Lehto, Assistant	Secretary	
Signature of Register	red Agent		

Filing Fee: \$35.00 Certified Copy (optional): \$52.50