

A180000000116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

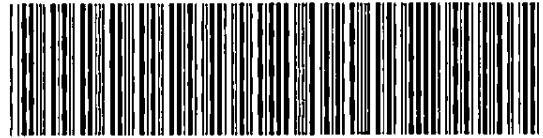
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/2/23

Office Use Only



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02/07/23--01008--003 **52.50

FEB 6 2023

2023 MAY -2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DC

5/23/23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2023

DENNIS H. BLACKINTON
THE FINCH GROUP
6111 BROKEN SOUND PKWY. NW, STE. 340
BOCA RATON, FL 33487

SUBJECT: SFGP LIMITED PARTNERSHIP
Ref. Number: A18000000116

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

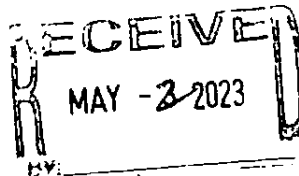
Section Second, this statement corrects, it should read that it is correcting CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP and the date filed should be 03/13/2018. Section Third, it should state that the general partner's name is spelled incorrectly on the Certificate of Limited Partnership and NOT ANNUAL REPORT as the error could not have been made on the annual report since you can not make changes to the GP on the annual report.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 423A00008607



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFGP LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DENNIS H. BLACKINTON

Contact Person

THE FINCH GROUP

Firm/Company

6111 BROKEN SOUND PKWY NW STE 340

Address

BOCA RATON FL 33487

City, State and Zip Code

dblackinton@thefinchgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS H. BLACKINTON

at (561) 289-5125

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2023 MAY -2 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SFGP LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

A18000000116

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

FIRST: The reason for filing this statement of correction is:

- ☒ The record contained false or erroneous information.
☐ The record was defectively signed.

SECOND: This statement corrects CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA

Specify document type being corrected

filed with the Florida Department of State on

03/13/2018

LIMITED PARTNERSHIP

Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:

THE GENERAL PARTNER'S NAME IS SPELLED INCORRECTLY ON THE CERTIFICATE OF LIMITED PARTNERSHIP.

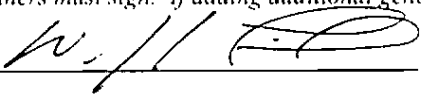
THE NAME INCORRECTLY INCLUDED WAS WESLEY E. FINLEY.

FOURTH: The false or erroneous information or defect is corrected as follows:

THE CORRECTED NAME SHOULD BE WESLEY E. FINCH

Signature of a general partner*:

(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).



Signature(s) of new general partner(s), if any:

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75