

A 22000000229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

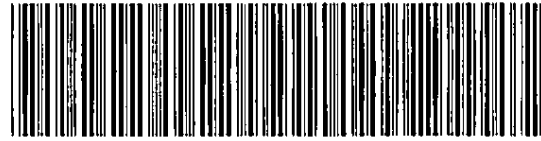
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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JUL - 5 2022

S. PRATHER

**Sunshine State Corporate Compliance Company**

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

DATE 07/01/2022

**\*\*WALK IN\*\***

ENTITY NAME Ray a Sunshine Limited Partnership

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

_____	<i>Plain Copy</i>
XXXXXX	<i>{ Certified Copy }</i>
XXXXXX	<i>{ Certificate of Status ? }</i>
_____	

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

_____	<i>Certified Copy of Arts &amp; Amendments</i>
_____	<i>Certificate of Good Standing</i>
_____	

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_  
NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$113.75

ACCOUNT #: I20160000072

*S R M*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ray A Sunshine Limited Partnerhsip  
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:

Samantha Wu  
Contact Person  
Altro LLP  
Firm/Company  
300-155 University Avenue  
Address  
Toronto, Ontario, Canada, M5H 3B7  
City, State and Zip Code  
swu@altrolaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Wu at ( 416 ) 477-8157  
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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUL -1 AM 8:46

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RAY A SUNSHINE LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

A2200000229

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 Limited Partnership

Specify document type being corrected

filed with the Florida Department of State on March 29, 2022

Insert date document filed with Dept. of State

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

Certificate of Limited Partnership for Florida Limited Partnership was signed by Robert Daniel Gale,  
the President of General Partner - 1000154405 ONTARIO INC.

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

Certificate of Limited Partnership for Florida Limited Partnership should be signed by all of the directors  
of the General Partner - 1000154405 ONTARIO INC., Robert Daniel Gale and Colette Elizabeth Gale.

As Directors of the General Partner, either one of Robert Daniel Gale or Colette Elizabeth Gale can act on  
behalf of the General Partner, 1000154405 Ontario Inc.

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).

/s/ Robert Daniel Gale

Robert Daniel Gale, Director of General

Partner - 1000154405 ONTARIO INC.

/s/ Colette Elizabeth Gale

Colette Elizabeth Gale, Director of General

Partner - 1000154405 ONTARIO INC.

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 JUL - 1 AM 8:46

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