

A22000000578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 14 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNFLOWER ENERGY LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A22000000578

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PETER STABINS - VICE PRESIDENT  
Contact Person

SUNFLOWER ENERGY LP  
Firm/Company

1 ALHAMBRA PLAZA, PH FLOOR  
Address

CORAL GABLES, FL, 33134  
City, State and Zip Code

PETER@SUNFLOWERENERGY.ECO  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER STABINS at ( 416 ) 875-8509  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**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

**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.

1. SUNFLOWER ENERGY LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. OCTOBER 5, 2022 3. A22000000578  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MALESCU LAW, PA  
Name  
25 SE 2ND AVE., STE 725  
Address  
MIAMI FL 33131  
City, State and Zip


5. The name and Florida street address of the new registered agent and/or office:

JOHN COWAN  
Name  
1 ALHAMBRA PLAZA, PH FLOOR  
Florida street address (P.O. Box not acceptable)  
CORAL GABLES FL 33134  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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

FILED  
2024 MAY -3 PM 2:46  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA