M22000007497

(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:

Office Use Only



600388606766

05/31/22--01008--002 **25.00



AUG - 8 2022 M. SOLOMON

COVER LETTER

	-	tration S ion of Co	ection orporations				
SUBJEC	CT:	Sandpipe	r RI Gamesville, LLC				
			Name of Forei	gn Li	mited Liab	oility Co	mpany
Dear Sir	or M	ladam:					
The encl	losed	applicat	ion, certificate and fee(s) are	submitted	for filing	g.
Please re	turn	all corre	spondence concerning th	his m	atter to the	followi	ng:
Nick And	lers						
			Name of Person			-	
Sandpiper	r Lod;	ging Trust					
			Firm/Company			_	
7200 Glei	n Fore	est Dr. Ste	200				<i>:</i>
	•		Address			_	
Richmone	đ, VA	23226					*
			City/State and Zip Coo	de		_	
nanders(a		•					
E-mai	il add	ress: (to	be used for future annua	al rep	ort notifica	tion)	
For furth	ner in	formatic	on concerning this matter	r, plea	ise call:		
Nick And	lers			at (804) 920-95	538
	·	Name	of Person		Area Code	& Dayt	time Telephone Number
f [[Regis Divis P.O.	Box 632	Section orporations			Division The Control 2415 N	ration Section on of Corporations entre of Tallahassee & Monroe Street, Suite 810 assee, FL 32303
1 6 \$25 F			check for the followin; □ \$30 Filing Fee & Certificate of Status		ж ит: \$55 Filing Certified (☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

: }

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	City	Zip Code			
	, Fi	lorida Zip Code			
	Enter Florida Street Address				
New Registered Office Address:	E 121 1 . C				
Name of New Registered Agent:					
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		the name of the new			
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C."	ging members adopting the alternate				
5. New name of the limited liability company: Sand (must c	Apiper Gainesville, LLC contain "Limited Liability Company,	""L.L.C.," or "LLC.")			
SECTION II (5-9 complete only the applicable ch					
4. Date authorized to do business in Florida: $\frac{5/12/20}{}$	122				
3. Jurisdiction of its organization: Virginia 5/12/20		· 2			
2. The Florida document number of this limited liabi					
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)					
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) —					
Enter new principal office address, if applicable:					
State:					
Sandniner RI Gainesville 11 C					

le/ Capacity	Name	Address	Type of Action
ic, oil/acits	<u> </u>	<u> </u>	1712
			□Rem
			A Add
			25 25 27 27 27
			Repair ور ور ور ور
aforementioned am	te law of which this entity is organ	the official having custody of records in the	□Rem

Filing Fee: \$25.00