

A21000000202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

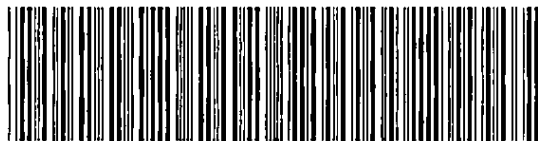
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 28 2024

Office Use Only



200430637992

01/20/2024 - (01/20/2024) **35.00

2024 JUN 27 PM 3:23
RECEIVED
FILED
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 6/27

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

LTD AMEND

1. MUNN FAMILY LIMITED
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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. Munn Family Limited
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/5/2021 3. A21000000202
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:

James Sopko
Name
411 SE Osceola Street, 200
Address
Stuart, FL 34994
City, State and Zip

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

Michele Celestino
Name
825 West Oyster Lane
Florida street address (P.O. Box not acceptable)
Lantana FL 33462
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
S.P.M. Capital Management, Inc., GP
/s/ Michele Celestino

Signature of General Partner By its President, Michele Celestino

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.

/s/ Michele Celestino
Signature of Registered Agent

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

2024 JUL 27 10:11:09
FILED