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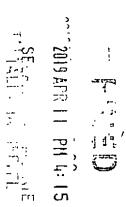
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R. WHITE APR 11 2019

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJI	MUNETTE GROUP REALT	Y LLC		
0000	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the fo	dlowing:	
WILL	IAM H MUNETTE JR			
	Name of Person		_	
MUN	ETTE GROUP REALTY LLC			
	Firm/Company		-	
600 C	CLEVELAND STREET, SUITE 35	0		
	Address		-	
CLEA	ARWATER, FL 33755			
	City/State and Zip Code		-	
BILLO	@THEMUNETTEGROUP.COM			
- E	-mail address: (to be used for future ann	ual report notific	ation)	
For fu	rther information concerning this matter.	please call:		
WILL	IAM H MUNETTE JR	727 at (415-5983	
	Name of Person	at \	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314	
	Enclosed is a check for the following amount:			
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2019

WILLIAM H MUNTETTE JR 600 CLEVELAND ST STE 350 CLEARWATER, FL 33755

SUBJECT: MUNETTE GROUP REALTY, LLC

Ref. Number: L18000029060



We have received your document for MUNETTE GROUP REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Rebekah White Regulatory Specialist III

Letter Number: 019A00006566

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: MUNETTE G	ROUP REALTY LLC	
2. (a)	MUNETTE GROUP REALTY LLC	(b) MUNETTE GROUP REALTY LLC	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	600 CLEVELAND STREET, SUITE 350	600 CLEVELAND STREET, SUITE 350	
	CLEARWATER, FL 33755	CLEARWATER, FL 33755	
	02/01/2018	L18000029060 3 3 4. Document number 3	
3.	Date of filing/registration in Florida	4. Document number	
5. (a	, WILLIAM H MUNETTE JR		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: MUNETTE GROUP REALTY LLC Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 804 WEST RAY DRIVE SHITE 344			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	801 WEST BAY DRIVE, SUITE 341	· · · · · · · · · · · · · · · · · ·	
	LARGO	33770	
	Enter name of NEW Registered Agent and/or NEW Registered	Crifice address.	
	NEW Registered Office Address:		
	600 CLEVELAND STREET, SUITE 350		
	CLEARWATER	33755	
the chagent was/v	range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. WILLIAM H MUNETTE JR	
Sign	ature of a member or authorized representative of a member	Printed or typed name of signee	
provi: the ob to me	sions of all statutes relative to the proper and complete digations of my position as registered agent as provided	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	
Signat	ure of Registered Agent		
		Day 6227a Tallahaman Fl. 22214	