I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ISAAH DANIELS

P.O. BOX 694205

City-State-Zip: MIAMI FL 33269

Electronic Signature of Signing Authorized Person(s) Detail

MIAMI, FL 33131

Entity Name: RN DESIGN GROUP, LLC

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# L18000069054

P.O. BOX 694205 MIAMI, FL 33269 US

200 BISCAYNE BLVD.

SUITE 2790

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

DANIELS, ISAAH G 200 BISCAYNE BLVD. **SUITE 2790** MIAMI, FL 33131 US

Address

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:			
	Electronic Signature of Registered Agent		
Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	DANIELS, ISAAH G	Name	DANIELS, NAJEE
Address	P.O. BOX 694205	Address	P.O. BOX 694205
City-State-Zip:	MIAMI FL 33269	City-State-Zip:	MIAMI FL 33269
Title	AMBR		
Name	DANIELS, NAJUAWA		

Certificate of Status Desired: No

Date

03/23/2020 Date

FILED Mar 23, 2020 Secretary of State 5688094210CC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

PRESIDENT