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COVER LETTER

TO: Registration Section Division of Corporations

RNM GLOBAL LLC

SUBJECT:

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Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Nacis Mujkic

Name of Person

RNM GLOBAL LLC

Firm/Company

4720 NW 57TH PL.

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

NARCIS.MUJKIC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person	at () Area Code & Daytime Tel	ephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following a	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

ivance of the inmited hability company;	BAL LLC	
4720 NW 57TH PL. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	4720 NW 57TH PL. Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX
COCONUT CREEK, FL 33073		COCONUT CREEK, FL 33073
11/29/2016	• 	L16000215297
Date of filing/registration in Florida JOHN L WILLIAMS	4.	Document number
Registered Agent and Registered Office shown on the records 300 FIFTH AVE. SOUTH, STE. 101-330	of the Florida	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	
NAPLES	34102 FL	
AGENTS AND CORPORATIONS, INC.		
Enter name of NEW Registered Agent and/or NEW Register	ed Office addr	
300 FIFTH AVE. SOUTH STE. 101-330		
NEW Registered Office Address:		2
NAPLES	34102	
, F.		
, F imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the une of a member or authorized representative of a member	iability com of the limite limited liab	pany, it is hereby confirmed that the change(s

I hereby accept the uppointment 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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ad CEnc. L gistered Agent Signan

Division of Corporations. P.O. Box 6327. Tallahassee, FL 32314 FILING FEE: \$25.00

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