M18000010836

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/27/2020					
	Chris Vick					
	1209954					
Entity Name	BNI BNI					
	les of Incorporation/Authorizat	on to Transact Business				
Amendment						
✓ Change of Agent						
Reinstatement						
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
Fictitious Name						
☐ Othe	r					
Authorized Amount: \$25.00 Signature:						

F: 800.944.6607



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Account#: 120000000088

Date:	04/27/2020					
Name:						
	+#: 1209954					
Entity Nan	ne:BN					
☐ Arti	cles of Incorporation/Authoriza endment ange of Agent instatement nversion	ation to Transact Business				
Merger Dissolution/Withdrawal Fictitious Name Other						
Authorized Signature	1/1/1/2					

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

orida 	DNII CI	OBAL, LLC	AH 8: 20
	me of the limited liability company: BINI GL		
(a) _.	Principal office address of limited liability comparts (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No (Change
	November 26, 2018		M18000010836
	Date of filing/registration in Florida	4.	Document number
(a)	NRAI SERVICES, INC		
(a)	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. c	of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA ST.		
	PLANTATION	FL_33324	
(b)	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office address:	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	, FL 32301	
ent w ent w is/we artic	mited liability company is not organized underinge or changes are made, the Florida street addrill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement in Reynolds	ress of the registered a ited liability company abers of the limited liability.	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	ignature of a member or authorized representative of a member		Printed or typed name of signee
ovisia e obli mere	y accept the appointment as registered agent a ms of all statutes relative to the proper and con gations of my position as registered agent as pr ly reflect a change in the registered office addr I'in writing of this change.	nd agree to act in thi nplete performance o rovided for in Chapte ess. I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accep or 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 63

/s/ Tim Mayville