FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 29, 2002 8:00 am DOCUMENT # L01000015392 Secrétary of State 07-29-2002 90002 030 ****55.00 **RSG HOLDINGS LLC** Principal Place of Business Mailing Address 125 S.W. 6TH AVENUE 125 S.W. 6TH AVENUE 1-1200 **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address LOO W.K 600 W.KO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$5.00 Additional Z 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, RICHARD S 125 S.W. 6TH AVENUE Street Address **BOCA RATON FL 33486** City 8. 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. I am familiar with, and accept of registered agent FILE NOW!!! FEE IS \$50:00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS 600 W. ADYAI STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. SIGNATURE:

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE