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(Address)			
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	-
RSI ASSET MANAGMENT LLC	- ₁
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1///	
AUG	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Jighathi C	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name of the state	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

		COVERT	15.1.1.1.1X	
	istration Section sion of Corporations			
 - UBJECT:	RSI ASSET MANAGEMENT	LLC		
1		Name of Limited L	iability Company	
! Dear Sir or !	Madam:			
The enclosed	d Registered Agent/Registered	I Office Change and	fee(s) are submitted for filing.	
Please returi	n all correspondence concernit	ng this matter to the	following:	
JACKY VIL	LALOBOS			
	Name of Person		<u> </u>	
FILEJET INC	c.			
	Firm/Company		<u> </u>	
10440 PION	EER BLVD STE 8			
-	Address		_	
SANTA FE	SPRINGS, CA 90670			
	City/State and Zip Co	ode	_	
JVILLALOE	BOS@FILEJET.COM			
E-mail	address: (to be used for futur	e annual report noti	lication)	
For further i	nformation concerning this m	atter, please call:		
JACKY VIL	LALOBOS	949 at (259-5955	
	Name of Person		Area Code & Dayt	
	iling Address:		Street Addr	
Reg	gistration Section		Registratic	
Div	rision of Corporations		Division	
). Box 6327		The C	

2415 Ta

Enclosed is a check for the following amount:

■ \$25 Filing Fee

Tallahassee, FL 32314

COVER LETTER

RSI ASSET MANAGEMENT LLC (UBJECT:	
Name of Limited L	iability 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:
JACKY VILLALOBOS	
Name of Person	
FILEJET INC.	
Firm/Company	
10440 PIONEER BLVD STE 8	
Address	
SANTA FE SPRINGS, CA 90670	
City/State and Zip Code	
JVILLALOBOS@FILEJET.COM	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
JACKY VILLALOBOS 949	259-5955)
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee	SSS Filing Foo & Corrified Conv

INHS18 (2/14)

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. Na	ime of the limited liability company:	NAGEM	ENT	LLC	
2. (a)	4755 TECHNOLOGY WAY, SUITE 104		(b) .	1755 TE	CHNOLOGY WAY, SUITE 104
- (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	/ _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FL 33431	_	- I	BOCA R	ATON, FL 33431
	06/12/2012	_	L	1200007	8227
. (a)	Date of filing/registration in Florida SCHULMAN, SCOTT	4.			Document number
. (4)	Registered Agent and Registered Office shown on the records of 5550 GLADES ROAD	the Florid	da De	ept. of Sta	nte:
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 500	<u>ADDRES</u>	55)		
	BOCA RATON . FL	33431			703
(b)	FILEJET INC.				FILED 18 M 9: 42
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddre	<u>'88</u> 1	8
	625 E. TWIGGS STREET				1 至 〇
	NEW Registered Office Address: SUITE 110				9.42
	TAMPA FL	33602-	3931		
change agent v vas/we he arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the WILLIAM Browl	registe ability c of the lii limited	red (comp mite liab	office a pany, it d liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	William Bysnel ture of a member or authorized representative of a member				Printed or typed name of signee
provisi he obl o mer	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	rec to ac perform d for in hereby c	et in nanc Che conf	this cap re of my upter 60 irm thai	pacity. I further agree to comply with the duties, and I am familiar with and accep 15, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent				