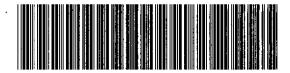
M110000004067

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL (
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



700212592167

10/03/11--01003--001 **25.00

2011 OCT -3 PH 1:53
SEGNETARY OF STATE

THAMPTON OCT - 4 2011
EXAMINER

COVER LETTER

TO:	Registration Division of C						
SUBJ	ECT:		RS	M Group	LLC		
		Name of Fore	ign	Limited L	iability Comp	any	
Dear (Sir or Madam:						
		vit by Foreign Li s) and fee(s) are s				Change Manager(s) or	
Please	e return all com	respondence conc	erni	ng this ma	atter to the fol	lowing:	
		Janice					
		Name of Perso	n				
	Wyomin	g Corporate Se	rvic	es Inc.			
•	,	Firm/Company	•				
		2710 Thomes A	ve			7 8 8 8 9 9 8	
	·-F /	Address	<u> </u>	,	•		
	· · · · · · · · · · · · · · · · · · · 	eyenne, WY 82					
	(City/State and Zip	Co	de		•	
	ta	x@wyomingcon	npa	ny.com			
F	E-mail address:	(to be used for f	utur	e annual r	eport notificat	ion)	
For fu	irther informat	ion concerning th	is n	natter, plea	se call:		
	Janio	e	at (307)_		632-3333	
	Name of	Person	,	Area Coo	le and Daytim	e Telephone Number	
	STREET/CO	URIER ADDRES	SS:		MAILING A	DDRESS:	
Registration Section			Registration Section				
	Division of Co Clifton Buildi				Division of Corporations P.O. Box 6327		
		e Center Circle			Tallahassee, F		
	sed is a check Filing Fee	for the followin \$\int\\$30 Filing Fee Certificate of State	&		00 Filing Fee &	\$60 Filing Fee, Certificate of Status &	
	•	Jerminate of Blat		Somme		Certified Copy	

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited lia Department of State is:	bility company as it app RSM (pears on the records of Group LLC	f the Florida	
2. This entity was formed und	er the laws of:	Wyoming	···································	
3. This entity was authorized and its Florida document/regis	to transact business in F tration number is	Florida on <u>08/1</u> <u>M110000040</u> 6	1 <u>2/2</u> 011 67	
4. The name and address of ea	ich manager or managir	ng member is as follow	ws:	
Title: "MGR" = Manager "MGRM" = Managing Membe		d Address:		
MGR_	<u>2710 TI</u>	inancial, Inc. homes Ave ine, WY 82001		
			2011/00T -3 F	FLE :
 .			F STATE	O
	<u> </u>			
Required Signature: Signature	of Manager, Managing	on behalt of g Member or Member	Edge Fire Manager	incial, Inc.

Filing Fee: \$25