No Filing Fee (See Instructions)

ZIM HOD	

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

ID Number: 000577204

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

APPLICATION FOR TRANSFER OF AUTHORITY

Asset Management Specialists LLC

(Insert full name of the entity following the transfer)

	The state of the s				
SECTI	ON I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY				
Pursua qualifie	ant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly deforeign (check one box only):				
	Non-Profit Corporation or ☐ Business Corporation or ☐ Limited Liability Company or				
	Limited Partnership or Limited Liability Partnership				
submit	s the following Application for the purpose of transferring its authority to a (check one box only):				
	□ Limited Partnership <u>or</u> □ Limited Liability Company <u>or</u> □ Business Corporation <u>or</u>				
	Limited Liability Partnership or Non-Profit Corporation				
a.	. The name of the entity filing this application for transfer is: Asset Management Specialists, Inc.				
b.	. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 02/03/2011				
¢.	The jurisdiction upon transfer of authority: Delaware				
d.	d. The name of the entity following the transfer of authority is:				
	Asset Management Specialists LLC				
e.	The application for transfer is filed as an accompanying certificate to the certificate of registration for a limited partnership or application for registration for a limited liability company or application for certificate of authority for a business corporation or application for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (check one box only).				
f.	The application for transfer is accompanied by a certificate of good standing or legal existence issued by the				

Form 612 05/12

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SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date:		
Print Name of Other Entity	 <u>OR</u>	Print Name of Partnership
By:Signature of Authorized Person	_	By:Signature of Partner
By: Signature of Authorized Person	-	By:Signature of Partner
- 3		By:Signature of Partner
Asset Management Specialists, Inc.		
Print Name of Corporation	OR	Print Name of Limited Liability Company
By: WT S. Signature of Authorized Person	_	By: Signature of Authorized Person
By:Signature of Authorized Person	<u></u>	By: Signature of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

