Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

LIGHTRIVER TECHNOLOGIES, INC.

C) 1 88	EIVE	AM 8: 00	OF STATE	E. FLORIDA
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sectio of change is submitted					tutes,
California	in order to ch	ange its register	red office or regi	stered agent,	or both, in the	State
of Florida.						
1. The name of	the corporation: Ligh	triver Technologi	es, Inc.			
2. The principa	l office address: 3732	2 Mt. Diablo Blvd.	, Suite 156, Lafaye	ette, CA 94549	9	
3. The mailing	address (if different):					
4. Date of incom	rporation/qualification	1: 4/4/2005	Docum	ent number: _	F05000002093	3_2
	d street address of the artment of State:	current register	ed agent and regi	stered office o	on file with the	mocr F:
	NRAI Services, Inc.				57	, <u> </u>
	2731 Executive Park	Drive, Suite 4			- SEE	2 星
	Weston FL 33331					OF STATE
The name a changed):	nd street address of t		ed agent (if chan	iged) and /or	registered offi	eg (it
	1203 Governors Squi		1			
		O. Box or personal mail	-			
	Tallahassee, FL 3230)1-2960				
The street addragent, as chang	ess of its registered o ed will be identical.	ffice and the str	eet address of the	business offi	ice of its regist	ered
Such change wauthorized by t	as authorized by reso he board, or the corpo	lution duly ador oration has been	oted by its board notified in writing	of directors or ag of the char	r by an officer ige.	so
(Signature of an office	airman or vice chairman of	the board)	. Glenn Johansen, (Printed or	President typed name and titl	e)	,
I hereby accept I further agree performance of registered ager office address,	t the appointment as it to comply with the pi f my duties, and I am it. Or, if this docume I hereby confirm that	registered agent rovisions of all s familiar with an nt is being filed t the corporation	and agree to act statutes relative to ad accept the obli merely to reflect a has been notifie	in this capac to the proper a gation of my a change in t ad in writing o	ity. ind complete position as he registered of this change.	
<u> </u>	Signature of Registered Agent)	 -	101	(Date)		
If signing on beha	If of an entity:			=		
Mark Williams			AVP			
(Typed or Printed Name)			(Capacity)		,

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314