

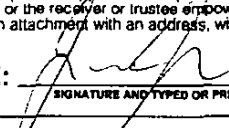
AMENDMENT

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 OCT 19 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000000692					
1. Entity Name SEQUOIA ASSET MANAGEMENT GROUP, INC.					
Principal Place of Business 1761 VESPER LANE, STE. 10 CARLSBAD, CA 92011			Mailing Address 1761 VESPER LANE, STE. 10 CARLSBAD, CA 92011		
2. Principal Place of Business - No P.O. Box # 10435 Santa Monica Blvd.		3. Mailing Address 10435 Santa Monica Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Los Angeles, CA		City & State Los Angeles, CA		4. FEI Number 20-4579060	
Zip 90025		Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. YOUNG, ROBERT 1761 VESPER LANE, STE. 10 CARLSBAD, CA 92011	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO and President Jeff Javidzad 10435 Santa Monica Blvd. Los Angeles, CA 90025	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900111230025 10/23/07--01054--012 **\$61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Chief Executive Officer Jeff Javidzad, & President 310-4747800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Devine Phone #		