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	Mailing Address
1761 VESPER LANE, STE. 10 CARLSBAD, CA 92011	1761 VESPER LANE, STE. 10 CARLSBAD, CA 92011

10182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10435 Santa Monica Blvd.	10435 Santa Monica Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Los Angeles, CA	City & State: Los Angeles, CA
Zip: 90025 Country: USA	Zip: 90025 Country: USA

4. FEI Number: 20-4579060 ☐ Applied For ☐ Not Applicable

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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	CEO and President Jeff Javidzad 10435 Santa Monica Blvd. Los Angeles, CA 90025	☒ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 310-474-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #