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Office Use Only



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US FEB 13 FM 1: ZO SECRETARY OF STATE TALLAHASSEE, FLORIDA

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PARANET CORPORATION SERVICES, INC.

3761 Venture Drive Suite 260 Duluth, Georgia 30096 800-277-9977 / Fax 800-815-0477

February 2, 2006

FILING TRANSMITTAL LETTER

Florida Department of State Corprations Deivision 2661 Executive Center Circle West Tallahassee, FL 32301

RE: Sunbridge Capital, Inc.

Dear Filing Officer:

Please find the enclosed:

- 1. Two (2) copies of change of Registered Agent/Office for the above entity;
- Our check in the amount of \$35.00 to cover the filing fee; and 2.
- 3. Self-addressed envelope for return of evidence.

If you have any questions, or require anything further, please contact me toll free at 1-800-277-9977. Thank you for your assistance.

Very truly yours,

Stephanie Thomas

Paranet Job No. 06-02-0046

Phone: 850-488-9000

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|--|--|
| | | | |
| SUBJECT: Sunbridge Capital, Inc. | | | |
| (Name of co | orporation) | | |
| DOCUMENT NUMBER: F04000003325 | | | |
| The enclosed Statement of Change of Registered Office/Ag | ent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to t | he following: | | |
| | | | |
| Stephanie Thomas | | | |
| (Name of | person) | | |
| | | | |
| Paranet Corporation Services, Inc. (Name of firm | n/company) | | |
| | . , | | |
| 3761 Venture Drive, Suite 260 | | | |
| (Addr | ess) | | |
| | | | |
| Duluth, GA 30096 | | | |
| (City/state and zip code) | | | |
| For further information concerning this matter, please call: | | | |
| | | | |
| Stephanie Thomas (Name of person) | at (800) 277-9977 (Area code & daytime telephone number) | | |
| (1.111.10 01 p0.1001) | (2.200 00.20 00 and 00.200 00.200 00.200 00.200 00.200 00.200 00.200 00.200 00.200 00.200 00.200 00.200 00.200 | | |
| Enclosed is a \$35.00 check made payable to the Departmen | at of State. | | |
| | | | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | |
| Division of Corporations P.O. Box 6327 | Division of Corporations 409 E. Gaines Street | | |
| P.O. Box 6327 Tallahassee, FL 32314 | 409 E. Gaines Street Tallahassee, FL 32399 | | |

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| _ | provisions of sections 607.0502, 617.0502, 607.1508, tted for a corporation organized under the laws of the | | tatement of in order |
|--|---|--|--|
| • | istered office or registered agent, or both, in the State | V | in order |
| 1. The name of t | he corporation: Sunbridge Capital, Inc. | | |
| 2. The principal | office address: 6300 Nall Avenue, Suite 200, Mis | sion, KS 66202 | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 06/09/04 Docum | nent number: F04000003325 | |
| | street address of the current registered agent and reg tment of State: | istered office on file with the | |
| - | CT Corporation Sytem | | |
| | 1200 South Pine Island Rd. | ≥ | <u> </u> |
| | Plantation, FL 33324 | A | T |
| 6. The name and (if changed): | street address of the new registered agent (if changed | d) and /or registered office | |
| | NRAI Services, Inc. | | 9 = C |
| | 2731 Executive Park Drive, Suite 4 | | 26 |
| | (P.O. Box or personal mailbox NOT acc | ceptable) | |
| | Weston, FL 33331 | | |
| The street addre | ess of its registered office and the street address of t identical. | the business office of its registered a | igent, as |
| | as authorized by resolution duly adopted by its boar e corporation has been notified in writing of the cha | rd of directors or by an officer so at ange. | thorized by |
| Coler | Signature of the officer or director) | Bob Mapes, Chief Financial Office (Printed or typed name and title) | <u>r</u> |
| I hereby accept I further agree duties, and I an heing filed mer | the appointment as registered agent and agree to a comply with the provisions of all statutes relative a familiar with and accept the obligation of my postely to reflect a change in the registered office address writing of this change. | act in this capacity. | mance of my document is ration has |
| If signing on bo | chalf of an entity: | • | |
| Stephanie Th | | Special Asst. Secretary | |
| | (Typed or Printed Name) | (Capacity) | |

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