

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
INTERCONTINENTAL CAPITAL GROUP, INC.**

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4/7/11

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INTERCONTINENTAL CAPITAL GROUP, INC.
2. The principal office address: 55 EAST 59TH STREET, 4TH FL., NEW YORK, NY 10022
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/05/2005 Document number: F05000002775
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BUSINESS FILINGS INCORPORATED

1203 GOVERNOR'S SQ. BLVD., STE 101

TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

515 EAST PARK AVE.

(P.O. Box NOT acceptable)

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

XX

(Signature of an officer or director)

CFO President Dustin Dimisa
(Printed or Typed Name and Title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

4-7-2011
(Date)

If signing on behalf of an entity:

JOSE MOJICA
(Typed or Printed Name)

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

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

CR28045 (8/05)

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