vision of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

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Phone: (850)222-Fige ase retain original filing
Fax Number: (850)878-5368

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Email Address:

LLC REGISTERED AGENT CHANGE **IOTA GOLD, LLC**

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JUN 1 8 2010

EXAMINER

June 17, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

IOTA GOLD, LLC 40 PACIFICA 6TH FLOOR IRVINE, CA 92816US

SUBJECT: IOTA GOLD, LLC

REF: L08000107089

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II FAX Aud. #: H10000139285 Letter Number: 910A00014673

Registration/Qualification Section

COVER LETTER

SUBJECT:	TO:	Registration Section Division of Corporations				
Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Scott Thompson	SUBJ					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Scott Thompson		Name of	Limited	Liabi	lity Co	mpany
Please return all correspondence concerning this matter to the following: Scott Thompson	Dear !	Sir or Madam:				
Scott Thompson Name of Person Lota Gold, LLC Firm/Company 40 Pacifica - 6th Floor Address Irvine, CA 92618 City/State and Zip Code stevthompson@fdic.gov F-mail address: (to be used for future unaual report notification) For further information concerning this matter, please call: Stave Thompson Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, Florida 32301	The e	nclosed Registered Agent/Registered	Office C	Change	and fe	ee(s) are submitted for filing.
Name of Person lota Gold, LLC Firm/Company 40 Pacifica - 6th Floor Address Irvine, CA 92618 City/State and Zip Code stevthompson@fdic.gov F-mail address: (to be used for future unnual report notification) For further information concerning this matter, please call: Steve Thompson at (949) 208-6485 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clitton Building P.O. Box 6327 Tallahassee, Florida 32301	Please	e return all correspondence concernir	ng this m	atter to	the fo	llowing:
Name of Person lota Gold, LLC Firm/Company 40 Pacifica - 6th Floor Address Irvine, CA 92618 City/State and Zip Code stevthompson@fdic.gov F-mail address: (to be used for future unnual report notification) For further information concerning this matter, please call: Steve Thompson at (949) 208-6485 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clitton Building P.O. Box 6327 Tallahassee, Florida 32301		Sport Thomason				
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Steve Thompson Steve Thompson Steve Thompson Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, Florida 32301 For further information concerning this matter, please call: 208-6485 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Clitton Building P.O. Box 6327 Tallahassee, Florida 32314						
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Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		Registration Section		Registration Section		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		Division of Corporations				
Tallahassee, Florida 32301						
				Tal	lahasse	e, Florida 32314
Enclosed is a check for the following amount:		Tallahassee, Florida 32301				
		Enclosed is a check for the follow	ing am o	unt:		
\$25 Filing Fee & Certified Copy		\$25 Filing Fee		s:	55 Filir	ng Fee & Certified Copy
INHS18 (5/08)	INIDE 10	14100				

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. IOTA GOLD, LLC 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 11/18/2008 L08000107089 4. Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: BCRA, LLC 7777 GLADES ROAD, SYE. 300 Registered Office Address: **BOCA RATON FL 33434** (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Corporation System **NEW** Registered Agent: 1200 South Pine Island Road NEW Registered Office Address: (MUST ŘE FLORIDA STREET ADDRESS) Plantation, If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as provided in the articles of organization or the operation of the limited liability company. or the operating agreement of the limited liability company. a member or authorized representative of a member Signature of 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, it has document is being filled to merely reflect a change in the registered office address, I hereby confirm the provided for in the company has been notified in writing of this change. C T Corporation System Signature of Registered Areas

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)