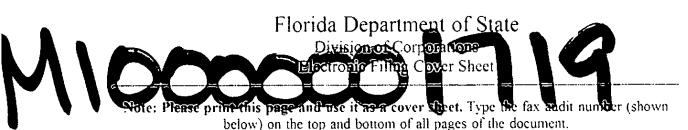
To: Page 2 of 3 Division of Corporations



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To:

Division of Corporations Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SUN BUM LLC

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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 605.0114 or 605.0116, 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.

1. N	ame of the limited liability company:				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b)		
	444 S Coast Hwy 101				
	Encinitas, CA 92024				
	04/13/2010	MI	0000001719		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a')				
(4	Registered Agent and Registered Office shown on the records of the Florida Dept. of State CORPORATION SERVICE COMPANY		pt. of State:	N	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		•	1020	
	1201 HAYS STREET			3 TI	
	TALLAHASSEE, FL	32301		FI 1000 100 2000 100 100 100 100 100 100 1	
(b)	C.T. Corporation System		.i.,		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			:: 08	
	NEW Registered Office Address:				
	1200 South Pine Island Road	<u> </u>	<u></u>		
	Plantation, FI	33324			
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the register iability comp of the limite	red office and the business office bany, it is hereby confirmed that d liability company or as otherwillty company.	the change(s) ise provided in	
Sign	ature of a member or authorized representative of a member	···	Printed or typed name of sig	gnee	
provi. the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. C T Corporation System Andw Grainered Agent	e performant ed for in Cha hereby conf	this capacity. I further agree to se of my duties, and I am familia apter 605, F.S. Or, if this docum arm that the limited liability com e Pignataro, Asst. Secretary	comply with the r with and accept ent is being filed pany has been	
Signa	ture of Registered Agent				