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REGISTERED AGENT CHANGE

SAINT IVAN ATLANTIC EQUITY CORP.

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February 14, 2008

FLORIDA DEPARTMENT OF STATE

SAINT IVAN ATLANTIC EQUITY CORP. Division of Corporations 1652 PLUM LANE, UNIT 105 REDLANDS, CA 92374

SUBJECT: SAINT IVAN ATLANTIC EQUITY CORP.

REF: P05000156850

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Irene Albritton Regulatory Specialist II

Letter Number: 808A00009719

ä E 2008 FEB 15

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

Pursuant to the provisions of section statement of change is submitted for	a corporation organi	ted under the laws of the St	ate of FLORIDA	
in order to change its regist	ered office or register	red agent, or both, in the St	ate of Florida.	
I. The name of the corporation:	of the corporation: SAINT IVAN ATLANTIC EQUITY CORP.			
2. The principal office address:	5201 BLUB LAG	OON DRIVE, 9TH FLOOR	- MIAMI, FL 33126	
3. The mailing address (if different):	600 ANTON BOL	JLEVARD, 11TH FLOOR -	COSTA MESA, CA 926	26
4. Date of incorporation/qualification	11/29/2005	Document mumber:	P05000156850	
The name and street address of the Florida Department of State:	current registered ag	ent and registered office on	i file with the	
SPIEGEL & LITRER	A, P.A.			
1840 SW 22ND STR	EET			08
MIAMI, FL 33145				08 FEB
6. The name and street address of the (if changed):	new registered agent	-	ered office	# # F
cloCTC	organica System, 12	00 South Pine Island Road	····	•
	(P.O. Box NOT scorpiable) Plantation, Flori	ida 33324		
The street address of its registered as changed will be identical.	office and the street a	address of the business off	ice of its registered age	ant,
Such change was authorized by res authorized by the board, or the con	olution duly adopted soration has been not	by its board of directors of ified in writing of the cha	or by an officer so nge.	
(September of an officer or director,	•	STEVEN MOR (Philled or types	name and title)	
I hereby accept the appointment as I further agree to comply with the post of my duties, and I am familiar will dacument is being filed merely to recorporation has been notified in with the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation	registered agent and provisions of all state and accept the obli- effect a change in the iting of this change.	d agree to act in this capacites relative to the proper t gation of my position as re registered office address	sity. and complete performa sgistered agent. Or, if , I hereby confirm that	ince this the
By: (Signature of Registered Agen	11111	7/12/0°	<u>ዮ </u>	
If signing on behalf of an entity: M.T. FUZPATRICK ASSISTANT SECR				
•	* * * FILING FE	E: \$35.00 * * *		
		ORIDA DEPARTMENT OF ST O. BOX 6327, TALLAHASS		