

F07000000625

(Requestor's Name)

P.O. BOX 31-1060
MIAMI, FL 33231-1060

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

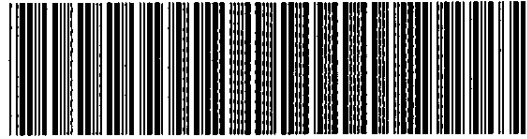
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

R.A. Chg.
C.COULLETTE

NOV 21 2011

EXAMINER

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Credit Agricole Corporate and Investment Bank
2. The principal office address: 9 QUAI DU PRESIDENT PAUL DOUMER
PARIS LA DEFENSE CEDEX CEDEX 92920 FRANCE OC 92920 XX
3. The mailing address (if different): 600 BRICKELL AVENUE, 37TH FLOOR, MIAMI, FLORIDA 33131
4. Date of incorporation/qualification: 1/22/2007 Document number: F07000000625
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Company of Miami

201 S. Biscayne Blvd., Suite 1400

Miami, Florida 33131

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

Corporation Company of Miami

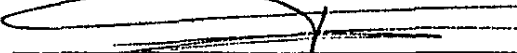
201 S. Biscayne Blvd., Suite 1500

P.O. Box NOT acceptable

Miami, Florida 33131

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.


Signature of an officer or director

Mathieu Ferragut, General Manager
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 of Registered Agent

10/10/2011
Date

If signing on behalf of an entity:

Cavell Anderson
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
CR2E045 (8/05)

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