

# K13117

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)205-0380

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305)634-3694  
 Fax Number : (305)633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

### MAGNA ADMINISTRATIVE SERVICES, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$43.75 |

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DIVISION OF CORPORATIONS

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C. Goulette MAY 31 2007



CERTIFICATE AS TO RESOLUTIONS

I, Ramiro Rencurrell, President of Life Settlement Division of MAGNA ADMINISTRATIVE SERVICES, INC., being first duly sworn and deposed hereby certify as follows:

At a Joint Meeting of the Shareholders and Board of Directors of the Corporation, duly and regularly held in accordance with the Corporation's Bylaws on MAY 30, 2007, at which a quorum as prescribed by law and the by-laws of the Corporation was present and voting throughout, the following recitals and resolutions were unanimously adopted and the same have not been revoked, cancelled, annulled or amended in any manner and are in full force and effect on the date of this Certificate:

RESOLVED, to amend Article I of the Certificate of Incorporation to read as follows:

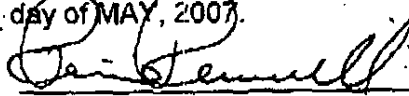
ARTICLE I  
Name

The name of this corporation shall be:

**MAGNA LIFE SETTLEMENTS, INC.**

FURTHER RESOLVED, that the Shareholder and the Board of Directors hereby empower the officers of the Company to do all necessary acts and execute all necessary documents required to implement the above resolutions.

IN WITNESS WHEREOF, this Certificate has been signed and the seal of the Corporation has been affixed hereto this 30TH day of MAY, 2007.



Ramiro Rencurrell, President

(SEAL)

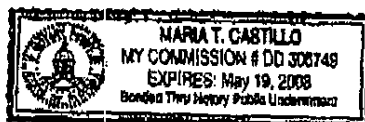
SWORN TO and SUBSCRIBED before me this 30th day of May, 2007, by RAMIRO RENCURRELL, who is personally known to me or who produced n/a as identification, at Miami, Dade County, Florida.



NOTARY PUBLIC, State of Florida at Large

My Commission Expires:

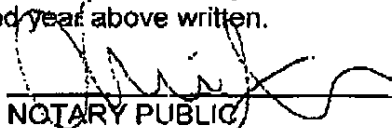
W:\ddoc\corp\certmagna-life



TOTAL P.04

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Coral Gables, Florida, the day and year above written.

  
\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida at Large

My Commission Expires:



This Instrument prepared by: Rosario P. Duncan, Esq.  
1320 S. Dixie Highway  
Sixth Floor  
Coral Gables, FL 33146  
Fla. Bar No.: 239909

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