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|-----------------|------------------------|-----------------|-----------------|
| Name | WAM USA, INC. | Name | ONGINI, DAVID |
| Address | 75 BOULDERBROOK CIRCLE | Address | 2601 NE 2ND AVE |
| City-State-Zip: | LAWRENCEVILLE GA 30045 | City-State-Zip: | MIAMI FL 33137 |
| | | | |

DOCUMENT# L09000066792

Entity Name: EXPORT WAMGROUP, LLC

Current Principal Place of Business:

2601 2ND AVE. N.E. SUITE 5A MIAMI, FL 33137

Current Mailing Address:

2601 2ND AVE. N.E. SUITE 5A MIAMI, FL 33137

FEI Number: 27-0522117

Name and Address of Current Registered Agent:

ONGINI, DAVID **925 88TH STREET** SURFSIDE, FL 33154 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| ······································ | | | | |
|--|---|--|--|--|
| MGRM | Title | MGR | | |
| WAM USA, INC. | Name | ONGINI, DAVID | | |
| 75 BOULDERBROOK CIRCLE | Address | 2601 NE 2ND AVE | | |
| LAWRENCEVILLE GA 30045 | City-State-Zip: | MIAMI FL 33137 | | |
| | MGRM WAM USA, INC. 75 BOULDERBROOK CIRCLE | MGRM Title WAM USA, INC. Name 75 BOULDERBROOK CIRCLE Address | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NAUM BRODSKY

CFO

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 19, 2014 Secretary of State CC9760312322

Certificate of Status Desired: Yes

Date

Date