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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

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REGISTERED AGENT CHANGE
GENCO WHOLESALE OFFICE SUPPLIES & TONERS INC.

Certificate of Status	0
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@ 11/15/10

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

1. The name of the corporation: GENCO WHOLESALE OFFICE SUPPLIES & TONERS INC.
2. The principal office address: 4017 RICHMOND AVE, STATEN ISLAND NY 10312
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05-14-2007 Document number: F07000002567
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)

ALLSTATE CORPORATE SERVICES CORP653 WEST 23RD STREET, SUITE 229PANAMA CITY, FL 32405

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

REGISTERED AGENT SOLUTIONS, INC.155 OFFICE PLAZA DRIVE, SUITE A(P.O. Box NOT acceptable)TALLAHASSEE, FL 32301

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]
(Signature of an officer or director)

Joe Zanelotti, President
(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]
(Signature of Registered Agent)

10/29/2010
(Date)

If signing on behalf of an entity:

SAL ABECASIS, ASSIST. SECRETARY
(Typed or Printed Name)

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