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A1A CORPORATE SERVICES

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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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REGISTERED AGENT CHANGE

WOLFFMART LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.401 or 605.403, Florida Statute, the undersigned limited liability company, submits the following statement in order to change its registered office (or registered agent, or both, in the State of Florida):

1. The name of the limited liability company is: WOLFFMART LLC
2. The mailing address of the limited liability company is: 2032 Lewis Dr. Lakewood, Ohio 44107
3. Date of filing registration in Florida: 02/20/2008
4. Document number: 106000082844

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WOLFF, MICHAEL

Name

11673 SW 17TH STREET

Address

PEMBROKE PINES FL 33025-1700

City, State and Zip

6. The name and address of the new registered agent and/or office:

ATA REGISTERED AGENT INC.

Name

92 SADBERRY RD

Florida street address (P.O. Box NOT acceptable)

QUINCY FL 32351

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida Limited Liability company, it is hereby confirmed that the change(s) was/were sanctioned by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a limited liability company representative (if a member))

MICHAEL WOLFF

(Printed or typed name of signer)

I hereby accept the responsibility for registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as registered agent and to the extent of my knowledge of any statute or rule of the Department of State relating to the proper and complete performance of my duties as registered agent. I agree to file with the Department of State a statement of my knowledge of the proper and complete performance of my duties as registered agent. I agree to file with the Department of State a statement of my knowledge of the proper and complete performance of my duties as registered agent. I agree to file with the Department of State a statement of my knowledge of the proper and complete performance of my duties as registered agent.

Paul Smith V.P.
Signature, Registered Agent

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