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:oT

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222~1093

Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE INTERIORS PURCHASING GROUP, INC.

| Certificate of Status | 0 |
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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|--------|---|
| SUBJ | INTERIORS PURCHASING GROUP, INC. |
| 30,041 | Name of Corporation |
| рост | P96000077057 JMENT NUMBER: |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Laura Usherwood |
| | Name of Contact Person |
| | Interiors Purchasing Group, Inc. |
| | Firm/Company |
| | 8001 Irvine Center Drive, Suite 500 |
| | Address |
| | Irvine, CA 92618 |
| | City/State and Zip Code |
| | mnguyen@watg.com |
| | E-mail address: (to be used for future annual report notification) |
| For fu | rther information concerning this matter, please call: |
| Laura | Usherwood 949 270-3146 |
| | Name of Contact Person Area Code & Daytime Telephone Number |
| Enclos | ed is a \$35.00 check made payable to the Department of State. |
| | Mailing Address: Street Address: Amendment Section Amendment Section |
| | Division of Corporations Division of Corporations Division of Corporations |
| | P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle |
| | Tallahossee, FL 32514 2007 Executive Center Circle |

CR2E045 (03/12)

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | er to change its registered office or registe | · | |
|--|---|---|--------------|
| 1. The name of | the corporation: INTERIORS PURCHASIN | INTER SINTER CO. STATE CA. 02(10) | |
| 2. The principa | office address: 8001 IRVINE CENTER DE | UVB, 5011E 300, IKVINE, CA 92618 | |
| 3. The mailing | address (if different): | | |
| 4. Date of incom | poration/qualification: 09/16/1996 | Document number: P96000077057 | |
| | d street address of the current registered apartment of State: (If resigned, enter resigned | | |
| | G & L AGENT SERVICES INC | | |
| | 390 N ORANGE AVE 600 | | |
| | ORLANDO, FL 32801 | | 눖 |
| 6. The name an (if changed): | d street address of the new registered agen | t (if changed) and /or registered office | 3000 |
| | C T Corporation System | | ` ċ . |
| | c/o C T Corporation System, 1200 South Pi | ne Island Road | |
| | P.O. Box NOT: | acceptable | |
| | Plantation, Florida 33324 | | |
| The street addrass changed will | ess of its registered office and the street a l be identical. | ddress of the business office of its registered age | nt, |
| Such change was authorized by the | as authorized by resolution duly adopted he board, or the corporation has been not | by its board of directors or by an officer so fied in writing of the change. | |
| | | Peter Priebe, President | _ |
| | ure of an office, se irrector | Printed or typed name and title | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointnent as registered agent and to comply with the provisions of all status my dules, and I am familiar with and ac its document is being filed merely to reflect that the corporation has been notified in | agree to act in this capacity. tes relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I writing of this change. | |
| By: // | C The | 10/23/2013 | |
| Sig | nature of Registered Agent | Date | 1 |
| If signing on be | chalf of an entity: | | |
| Jordan Brown, A | Assistant Secretary | | |
| T | yped or Printed Nume | | |
| | * * * FILING FEE | : \$35.00 * * * | |
| 3.0 | MAKE CHECKS PAYABLE TO FLOR | IDA DEPARTMENT OF STATE . BOX 6327, TALLAHASSEE, FL 32314 | |