DOC ID ----> 201409401532

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/07/2014	201409401532	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

GROSSMAN, INC.
NEAL GROSSMAN
952 EAST 72ND STREET
CLEVELAND, OH 44103

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

499619

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

GROSSMAN INC.

and, that said business records show the filing and recording of:

Document(s):	Document No(s):
DOMESTIC AGENT ADDRESS CHANGE	**201409401532**

Effective Date: 04/04/2014

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of April, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201409401532

Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Business@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (**Two-business day processing time requires an additional $100.00**):
P.O. Box 1390
Columbus, OH 43216

2014 APR -4 AM 11:05

Statutory Agent Update
Filing Fee: $25

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- ☐ Corp (135-AGS)
- ☐ LP (105-AGS)
- ☐ LLC (171-LSA)
- ☐ Business Trust (171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- ☒ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust (144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-AGR)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity: Grossman Inc.

Charter, License or Registration No.: 469619

Name of Current Agent: Neal Grossman

Complete the information in this section if box (1) is checked

Name and Address of New Agent

Name of Agent

Mailing Address

City | State: Ohio | Zip Code

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Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, _____ named herein as the
Name of Agent

statutory agent for _____, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
Individual Agent's Signature/Signature on behalf of Corporate Agent

☐ **If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**

Complete the information in this section if box (2) is checked

New Address of Agent

952 East 72nd Street
Mailing Address

Cleveland | Ohio | 44013
City | State | Zip Code

☐ **If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

_____
Mailing Address

_____ | _____ | _____
City | State | Zip Code

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By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Authorized Representative

Neal Grossman

By (if applicable)

Neal Grossman, President

Print Name

Grossman Inc.

Authorized Representative

By (if applicable)

Neal P. Grossman

Print Name