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ACCOUNT NO. : 072100000032

REFERENCE: 733049 5046129

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: June 9, 2004

ORDER TIME : 10:23 AM

ORDER NO. : 733049-565

CUSTOMER NO: 5046129

CUSTOMER: Sharon Pedersen Henry Schein, Inc. 135 Duryea Road

Melville, NY 11747

CHANGE OF AGENT

NAME: ROANE-BARKER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

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

| | provisions of sections 607.0502, 617.0502, 6 itted for a corporation organized under the l | | |
|--|---|---|---|
| | gistered office or registered agent, or both, i | | |
| 1. The name of | the corporation: ROANE BARKER, INC. | | |
| * - | office address:aree Road, Greenville, SC 29607 | | |
| | | | |
| _ | address (if different): | | |
| | | | |
| 4. Date of incor | poration/qualification: 08/26/2003 | Document number: F03000004270 |) |
| | d street address of the current registered ager rtment of State: | at and registered office on file with the | |
| | C T Corporation System | · | _ |
| | 1200 South Pine Island Road | | _ |
| | Plantation, FL 33324 | | O.C. SEC |
| 6. The name and (if changed): | d street address of the new registered agent (| if changed) and /or registered office | FIL JUN 16 RETAIN ANASSE |
| | Corporation Service Company | | SHE SH |
| | 1201 Hays Street | | 왕 일 일 일 일 일 일 일 일 일 () |
| | (P.O. Box or personal mail | box NOT acceptable) | W . |
| | Tallahassee, FL 32301 | | _ |
| The street addr changed will be | ess of its registered office and the street addedical. | dress of the business office of its regist | ered agent, as |
| Such change w the board, or th | as authorized by resolution duly adopted be corporation has been notified in writing of | y its board of directors or by an officer of the change. | so authorized by |
| M | Maureen Cullen, Attorney in Fact | | |
| , | Signature of an officer or director) | (Printed or typed name and | title) |
| I further agree duties, and I ar being filed mer | t the appointment as registered agent and a to comply with the provisions of all statute n familiar with and accept the obligation o rely to reflect a change in the registered off n writing of this change. | igree to act in this capacity. s relative to the proper and complete p f my position as registered agent. Or, i ice address, I hereby confirm that the c | erformance of my if this document is orporation has |
| | Service Company | T 7 | |
| BA: | (Signature of Registered Agent) | June 7, 2004 (Date) | |
| If signing on be | ehalf of an entity: | | |
| Sylvia Quep | ppet | Asst. Vice President | |
| | (Typed or Printed Name) | (Capacity) | |

* * * FILING FEE: \$35.00 * * *