M1300000 4583

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(City/State/Zip/Phone #)				
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- (Business Entity Name)				
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N. CAUSSEAUX SEP 2 7 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: September 21, 2018

Order#: 394577-013

Re: MEDICAL IMAGING SOLUTIONS USA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, 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. N	ame of the limited liability company: MEDICAL IMA	GING SOL	DLUTIONS USA, LLC
? (a)	229 ARNOLD MILL RD, STE. 100	(b)	229 ARNOLD MILL RD, STE. 100
ω. (α)	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	I	(Note: MAY BE POST OFFICE BOX)
	WOODSTOCK, GA 30188-4145		WOODSTOCK, GA 30188-4145
	07/19/2013		M13000004583
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NCORP SERVICES, INC.		
	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	17888 67TH COURT NORTH		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
			SEP SEP
	LOXAHATCHEE . FI	33470	<u> </u>
			星。
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress: 5
	with the or the state of the st		້
	1201 Hays Street		
	NEW Registered Office Address:	- 	
	Tallahassee . FI	32301	
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the atture of a member or authorized representative of a member	f the regist lability cor of the limi limited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Cilmi, Authorized Person Printed or typed name of signee
provis the ob to mer notifie	eby accept the appointment as registered agent and agenous of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change. ure of Registered Agent Corporation Service Company	e performa ed for in C hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been brace E. Kirby, Assistant Vice President
CAE GOL	Corporation Service Company	DI. UI	race is, knoy, resistant vice ricelucit