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dress)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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Office Use Only



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TALLAP (SSEF. FLORIDA



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 16, 2015

Order#: 649060-013

Re: DENTSPLY IH INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Lindsey Lockard c/o Corporation Service Company

2711 Centerville Road, Suite 400

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 CORPORATIONS

statement of ch	e provisions of sections 607 cange is submitted for a con ler to change its registered	poration organized ur	der the la	ws of the State of Del	aware	_
1. The name of	the corporation: DENTSP	LY IH INC.				
• -	l office address: St., Waltham MA 02451					
3. The mailing	address (if different):					-14,
4. Date of incom	rporation/qualification: 07	/24/2000 I	Document	number: F0000004	131	
	d street address of the curr artment of State: (If resigne		d register	ed office on file with t	the	
	C T CORPORATION SY	'STEM				
	1200 SOUTH PINE ISLA	AND ROAD				
	PLANTATION		FL	33324		
6. The name an (if changed):	d street address of the new	registered agent (if ch	anged) ar	nd /or registered office	15 JUH 18	SECRE TALLA
	Corporation Service Cor	npany			4 I 8	SSS 1
	1201 Hays Street				PH	
	Tallahassee	P.O. Box NOT acceptable	c FL	32301	မှာ	10.14 VIS
					59	ACE ACE
The street addr as changed wil	ess of its registered office I be identical.	and the street address	of the bu	isiness office of its re	gistered age	nt,
Such change wauthorized by t	as authorized by resolution he board, or the corporation	n duly adopted by its on has been notified in	board of o	directors or by an office of the change.	cer so	
\mathcal{I}	26 2	Dona	Priebe, V	ice President		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	ure of an officer of director I the appointment as regist to comply with the provist I my duties, and I am famili is document is being filed that the corporation has toon Service Company	liar with and accept th merely to reflect a ch	to act in ative to th he obligat ange in ti	tion of my position as he registered office ad	registered	-
By: XX	race C. Kubi	06/10	/2015			
•	gnature of Registered Agent			Date		-
If signing on be	ehalf of an entity:					
	, Asst. Vice President					
1	Typed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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