

F01000005974

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
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.

Email Address: _____

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12 MAR 14 AM 7:59

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
DMS IMAGING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA Chang

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03/16/12

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DMS IMAGING, INC.
Name of Corporation

DOCUMENT NUMBER: F01000005974

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Diana Rado
Name of Contact Person

Platinum Equity, LLC
Firm/Company

360 North Crescent Drive, South Building
Address

Beverly Hills, CA 90210
City/State and Zip Code

DRado@PlatinumEquity.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Hale at (213) 337-4611
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2EDM5 (805)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of N. Dakota in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: DMS IMAGING, INC.
2. The principal office address: 2101 NORTH UNIVERSITY DRIVE, FARGO ND 58102
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/15/2001 Document number: P01000005974

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Sally A. Ward, Assistant Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

12/14/2012
Date

If signing on behalf of an entity:

Yadira Garcia
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)