

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DMS Imaging, Inc.
Name of Corporation

DOCUMENT NUMBER: F0100005974

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:

Jeffry Keyes
Name of Contact Person

DMS Imaging, Inc.
Firm/Company

2101 North University Dr.
Address

Fargo, ND 58102
City/State and Zip Code

phally.sea@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phally Sea at (949) 955-9585
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

CR2E045 (03/12)

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 North 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 Dr., Fargo, ND 58102
3. The mailing address (if different):

4. Date of incorporation/qualification: 11/15/2001 Document number: F01000005974

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)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

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

NRAI Services, Inc.
c/o NRAI Services, Inc., 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

16 OCT -7 AM 9:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Phally Sea
Signature of an officer or director

Phally Sea - 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.

NRAI Services, Inc.
By: Nicole Chouinard
Signature of Registered Agent

10/6/2016
Date

If signing on behalf of an entity:

Nicole Chouinard
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
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