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Division of Corporations

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From:

Account Name : UCC FILING & SEARCH SERVICES, INC.

Account Number: I19980000054 Phone : (850)681-6528

: (850)681-6011 Fax Number

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d brown @ Dentovations, com

## REGISTERED AGENT CHANGE DENTOVATIONS, INC.

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November 30, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DENTOVATIONS, INC. 27 DRYDOCK AVE. 5TH FLOOR BOSTON, MA 02210US

SUBJECT: DENTOVATIONS, INC.

REF: F02000000501

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the current registered agent as DAMON J. BROWN.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H10000256222 Letter Number: 610A00027769 4

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

-	=			617.1508, Florida Statutes ws of the State of _Delawsi	•
in order	to change its r	egistered office or regis	tered agent, or bo	th, in the State of Florida.	
. The name of the corporation: Dentovations, Inc.					
2. The principal o	office address:_	27 Drydock Avenu	e, 5th Floor, Bo	ston, MA 02210	•
3. The mailing ac	idress (if differe	ent):			
I, Date of incorp	oration/qualific	ation: 1/30/2002	Document	number: F0200000050	1
5. The name and Florida Depart		f the current registered	agent and register	ed office on file with the	
	Brown, Da	amon J.			•
_	4010 W B	oy Scout Blvd, S	uite 1100		
•	Tampa, Fl	_ 33607			<b>3</b>
6. The name an (if changed):		of the new registered ag	ent (if changed) an	d /or registered office	DEC -1
	NRAI Sei	vices, Inc.	· · · · · · · · · · · · · · · · · · ·		3
	2731 Exe	ecutive Park Drive			Ö.
	Weston	(P.O. Box NOT accepted FL 33331	ie) 		ត្
The street add	ress of its regist il be identical.	ered office and the stree	et address of the b	usiness office of its regist	ered agent,
				directors or by an officer of the change.	
	Description of the state of		Damon Bro	NATI	<del></del>
	of the appointment to comply with pud i am famille eing filed merel as been notified		•••	n this capacity, this capacity proper and complete printer as registered agent ce address, I hereby confi	erformance Or if this rm that the
	Signature of Kaylstein	ad Agent)		(Date)	
If signing on b	obalf of an ent	ity:			
Edward H	land, Asst	. Sec			
	(Typed or Printed N	eme)			

\* \* \* 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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