

F0700005857
 Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : UNITED AGENT GROUP INC.
 Account Number : 120160000086
 Phone : (561)508-5033
 Fax Number : (561)694-1639

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

2022 JAN 10 AM 9:18

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SECRETARY OF STATE
 TALLAHASSEE, FL

**REGISTERED AGENT CHANGE
 DENTSPLY SIRONA ORTHODONTICS INC.**

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Corporate Filing Menu

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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DENTSPLY SIRONA ORTHODONTICS INC.
2. The principal office address: 7290 26TH COURT EAST, SARASOTA, FL 34243
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/28/2007 Document number: F07000005857
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

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

United Agent Group Inc.

801 US Highway 1

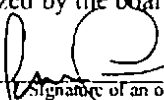
P.O. Box NOT acceptable

North Palm Beach, FL 33408

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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.

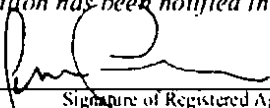


Signature of an officer or director

Jenisa Irizarry, Attorney-in-Fact

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.



Signature of Registered Agent

01/07/2022

Date

If signing on behalf of an entity:

Jenisa Irizarry, Attorney-in-Fact

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 (04/13)