## F/300001570

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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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#: 649060-054

Re: DENTSPLY INTERNATIONAL 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.

OUCA.XCOA

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of <mark>Delawa</mark> or registered agent, or both, in the State of Florida.	ге		
	the corporation: DENTSPLY INTI		· .		
2. The principa					
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: 04/10/201	Document number: F13000001570			
	nd street address of the current regi artment of State: (If resigned, enter	istered agent and registered office on file with the r resigned)			
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324	_4	₹.0	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company		8 F:		
	1201 Hays Street		ယ္	F 51/	
	P.O. Box NOT acceptable		57	RED	
	Tallahassee		32301		
The street addras changed will	ress of its registered office and th Il be identical.	e street address of the business office of its regist	ered ag	ent,	
Such change wanthorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so		
1	Dona Priebe, Vice President				
Stena	Signature of an officer or director Printed or typed name and title				
I further agree performance of agent. Or, if the hereby confirm	e to comply with the provisions of of my duties, and I am familiar wi	igent and agree to act in this capacity. Tall statutes relative to the proper and complete th and accept the obligation of my position as reg y to reflect a change in the registered office addre otified in writing of this change.	gistered ess, I		
By: $\sum_{s}$	ignature of Registered Agent	06/10/2015 Date		_	
	behalf of an entity:				
Grace E. Kirby	y, Asst. Vice President				
	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 \* \* \*