Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000040208 3)))



H180000402083ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387

Phone Fax Number : (813)229-7600 : (813)229-1660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jesquivel@slk-law.com

LLC REGISTERED AGENT CHANGE DEX IMAGING OF MARYLAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FEB 1 8 2016

АН 8:

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: DEX imaging							
2. (a)	5109 West Lemon Street	(b) 5109 West Lemon Street						
	. -,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	- `	٠, .	1	Mailing address of limit (Note: MAY BE PO!	ed liabilit		•
		Tampa, Florida 33609	_	-	Tampa,	Florida 33609		· - " <u>-</u>	
		01/08/2004	_	ı	_040000	01860			
3. 5.	(a)	Date of filing/registration in Florida J. Matthew Marquardt	4,	_	·	Document number			
٥.	(4)	Registered Agent and Registered Office shown on the records of the 625 Court Street, Suite 200	he Plorio	da E	ept. of State	- e:			
		Registered Office Address (MIST BE PLORIDA STREET A	DDRES	<u>(S)</u>		-	SEC	† 6	
		Clearwater, ,FL	33756	6		-	SASSAHW O ABVINE	EB	COLUMN
	(b)	Julio Esquivel, Esq.,					ASS. A.R.	7 -	- Approx
,	(0)	Enter name of NEW Registered Agent and/or NEW Registered	ОбПсе в	ddı	764:	-	or s	<u> </u>	7
		c/o Shumaker, Loop & Kendrick, LLP				-	OINO JAKE	8: 32	
		NEW Registered Office Address:				-	>		
		101 E. Kennedy Boulevard, Suite 2800	_	_		-			
		Tampa, ,FL	3360	2		_			
the age	cha nr	imited liability company is not organized under the law upper or changes are made, the Florida street address of will be identical. Of in the case of a Florida limited lise ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	the reg bility of f the li limited	gist cor mit i lis	ered offic npany, it i led liabilit ability cor	e and the business of is hereby confirmed by company or as of	that the	the re	se(a) Brareced
S	igna	ture of a member or authorized representative of a member				Printed or typed name		ė ·	
I h pro the to i	ere viy obi ner ifie	by accept the appointment as registered agent and agr lock of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ee to a perfon d for in hereby	ect i ma i Ci coi	n this cap nce of my hapter 60. nfirm that	acity. I further agr duties, and I am fai 5, F.S. Or, if this d the limited liability	ree to co miliar vi ocument compa	mply with and the second secon	vith the d accept ng filed been
Sig	not:	or of Registered Agent							
		Division of Cornerationse P.O. I	Bax 63:	274	Tallaha	ssee. FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)