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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

ami.casper@cscglobal.com From: Ami Casper

Date: November 5, 2019

Order#: 031249/039

Re: DEX IMAGING OF MARYLAND, LLC

Enclosed please find:

Change of Registered Agent and Office.

XX ___ Check in the amount of \$25___.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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 IMAG	ING OF MARYLAN	ID, LLC
2.	(a)	500 Staples Drive	(b)	
-•	(-)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Framingham, MA 01702		
		01/08/2004	L04	000001860
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
J. (a		Registered Agent and Registered Office shown on the record	ds of the Florida Dept.	of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		SE SE
		101 E. Kennedy Boulevard, Suite 2800		7019 NOV
		Plantation	, FL <u>33324</u>	2000年 二
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:		PN 6: 27 OF STATE -E. FLURRIDA
		1201 Hays Street		
		NEW Registered Office Address:		
		 		
		Tallahassee	, FL <u>32301</u>	
th ag w	e cha gent v as/wa	imited liability company is not organized under that the control of the members and organization or the operating agreement of the organization or the operating agreement of the control	ss of the registered ed liability compan ers of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
	/s/	Jill Cilmi	Jill Cilmi,	Authorized Person
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pr th to	ovisi e obl mer	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as proely reflect a change in the registered office address d'in writing of this change.	d agree to act in the plete performance o wided for in Chapto ss, I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
s	ignatu	re of Registered Agent Corporation Service Compa	- iny BY: Ami M	1. Casper, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00