## 108000 54047

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasinoso Elisty Harrey				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
TALL ADMINISTRE FOR BRIDE

A U...



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Ami Casper ami.casper@cscqlobal.com

Date: November 5, 2019

Order#: 031249/036

Re: DEX IMAGING OF ALABAMA, LLC

Enclosed please find:

XX 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. N	ame of the limited liability company: DEX IM.	IAGING OF ALABAMA	A, LLC
2. (a)		(b)	
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa FL 33609	<u> </u>	
	06/02/2008	L08	000054047
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
	Registered Agent and Registered Office shown on the re	ecords of the Florida Dept.	of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del></del>
			~
	Plantation	, FL <u>33324</u>	TASSESSION - 7
	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW R	Registered Office address:	T R SIGN
	1201 Hays Street		
	NEW Registered Office Address:		
			<del></del>
	Tallahassee	,FL 32301	
the ch agent was/w	limited liability company is not organized unde ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida livere authorized by an affirmative vote of the meticles of organization or the operating agreemen	ldress of the registered imited liability compar embers of the limited I	l office and the business office of the registere by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
/s	s/ Jill Cilmi	Jill Cilmi,	Authorized Person
Signa	ature of a member or authorized representative of a memb	<del></del>	Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent sions of all statutes relative to the proper and co ligations of my position as registered agent as rely reflect a change in the registered office ado ad in writing of this change.	and agree to act in th omplete performance of provided for in Chapt dress, I hereby confirn	is capacity. I further agree to comply with th of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being file n that the limited liability company has been

Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President