## 19900006959

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JACKSONVILLE, FLORIDA 32255-1260.

City/State/Lip

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CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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NEW FILINGS	AMENDMENTS EST T
☐ Profit	Amendment Resignation of R.A., Officer/Director
■ Not for Profit	Resignation of R.A., Officer/Director
☐ Limited Liability	1
☐ Domestication	☐ Change of Registered Agent ☐ Dissolution/Withdrawal 등 등
Other	Merger Namerawar
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OTHER FILINGS	REGISTRATION/QUALIFICATION WWW.
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Annual Report	Foreign 5/24
☐ Fictitious Name	Limited Partnership
	Reinstatement
	☐ Trademark
	Other

Examiner's Initials

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: 5. W. Imaging, L.L.C.
2. The mailing address of the limited liability company is: 3550 University Blvd. S
#101, Jacksonville, FL 32216
10/22/99 1990000 6959
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Lawrence V. Ansbacher Name
4215 Southpoint Blvd. #100
Jacksonville, FC 32216 City, State and Zip
6. The name and address of the new registered agent and/or office:
Lawrence V. Ansbacher  Name  S150 Belfort Road. Bldg 100  Florida street address (P.O. Box NOT acceptable)  ARREST TO STATE OF THE STAT
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida dimited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
Nicolale Sacaquini (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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