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Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 : (561)508-5033 Phone : (561)694-1639 Fax Number

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## LLC REGISTERED AGENT CHANGE DATASCAN HOLDINGS LLC

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## 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	nne of the limited liability company:DATASCAN HO	LDINGS I	LLC				
2. (a)	100 Jim Moran Blvd.	(b) 100 Jim Moran Blvd.					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	Deerfield Beach, FL 33442	_	Decriicld	Beach, FL 3344	2		
	12/22/2003	!	M03000004	271			
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document nur	nber		
5. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	- e:					
	Registered Office Address (MUST BE FLORIDA STREET)	-	SECR	2020 FEB 12			
	PLANTATION , FL	33324		-	ECRETÁIS NALLSOS	EB 12	est s
(b)	United Agent Group Inc.	_	SUPPLY SE	AM 11: 40			
, .	Enter name of NEW Registered Agent and/or NEW Registered			-:-			
	801 US Highway 1				) <u></u> !	0	
	NEW Registered Office Address:	_					
	North Palm Beach Fi	33408		_			
chang agent was/u	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the	e registere ability cor of the lim limited li	d office an mpany, it is ited liabilit iability con	d the business is hereby confir by company or on the company or on the company.  Solution of the company of the	office of the rmed that the as otherwise	registe chang provid	e(s)
_	ature of a member or authorized representative of a member	<del></del>		• •	I name of signee		<del></del>
provis the ob- to men	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change.	performa ed för in C hereby ca	ince of my hapter 603 infirm that	auries, and 1 a.5, F.S. Or, if the timited liab	<i>m 1/1/11/11/11/11</i> w	un ana	u
Sign	Kristen Espi	inales, Sp	secial Seci	retary			