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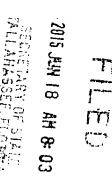
(Re	equestor's Name)					
. (Ad	ldress)					
(Ad	idress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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JUN 19 2015 Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 16, 2015

Order#: 649060-083

Re: DENTSPLY PROSTHETICS U.S. LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience

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

QUCA.XCOA

2015 JEN 18 AM 8: 03

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: DENTSPLY PF	ROSTHETICS	U.S. LLC		
2	(a)	570 WEST COLLEGE AVENUE		(b) SUSQUEHANNA COMMERCE CENTER		
۷.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
			2 <u>21</u> '	W. PHILADELPHIA STREETSUITE 60V	<u>√, c/o T</u> A)	
		YORK P# 17404	Y	ORK, PA 17401		
		07/27/2009	MC	09000002876		
3.		Date of filing/registration in Florida	4.	Document number		
5	(a)	C T CORPORATION SYSTEM				
٦.	(a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept	t. of State:		
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREET				
		•		2015		
		PLANTATION , FI	L <u>33324</u>		77	
				tii ,,	170	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	d Office address		and the same	
		intermante of the registered regent and of the registered	a triffe address		J48 14.	
		1201 Hays Street		8 03		
		NEW Registered Office Address:		<u> </u>		
		Tallahassee, Fl	1 32301	•		
		, r	L			
th ag w	e cha ent v as/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registere liability compa of the limited	ed office and the business office of the re- any, it is hereby confirmed that the chang liability company or as otherwise provid	gistered ge(s)	
		(Tal)	Dona Pr	riebe, Authorized Person		
_	Signa	ture of a member or alchorized representative of a member		Printed or typed name of signee		
pr th to	oviși e obi mer	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	gree to act in the e performance led for in Chap I hereby confir	his capacity. I further agree to comply we of my duties, and I am familiar with and ster 605, F.S. Or, if this document is being that the limited liability company has	vith the I accept ng filed been	
S	ignatu	re of Registered Agent Corporation Service Company	BY: Grace	e E. Kirby, Asst. Vice President		

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