M110000004728

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
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12/08/14--01051--016 **25.00



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ben Beaver bbeaver@cscinfo.com

Date: December 4, 2014

Order#: 394868-010

Re: GLOBAL DENTAL SCIENCE 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.

<u>XX</u> Please return evidence to the following:

Attn: Bruce Truong 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

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	ame of the limited liability company: GLOBAL DENT	AL SCIE	ENCE LLC
2.	(a)	15730 N. 83rd Way	(b	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)
		Ste. 101		
		Scottsdale AZ 85260		
		09/20/2011		M11000004728
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Aresenault, Gerald		
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Florida	la Dept. of State:
		4527 Leona Street		
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u></u>
				14.1 SIA1
		Tampa , FL	33629	
	<i>(</i> 1.)	Comment of Comment		70 COR. COR. P
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	PM 3: 19
				ATIG
		1201 Hays Street		S S S S S S S S S S S S S S S S S S S
		NEW Registered Office Address:		
		Tallahassee	, 32301	1
		,		
		imited liability company is not organized under the lavinge or changes are made, the Florida street address of		
ag	ent v	vill be identical. Or, in the case of a Florida limited list	ability co	ompany, it is hereby confirmed that the change(s)
wa the	ıs/we arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the lim: limited l	nited liability company or as otherwise provided in liability company.
		7-6		na Priebe, Authorized Person
_	Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
pre the to	ovisi e obli mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I it in writing of this change.	ee to act performa d for in C hereby co	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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

Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Assistant Vice President