	Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number
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	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845
	<pre>**Enter the email address for this business entity to be used for future     annual report mailings. Enter only one email address please.**     Email Address:</pre>
	LLC REGISTERED AGENT CHANGE

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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. N	ame of the limited liability company: DEX Imaging,	LLC		
		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)		
	5109 W. LEMON STREET TAMPA, FL 3360	5109 W. Lemon Street, Tampa FL 33609		
3. 5. (a)	3/11/19	M19000002355		
	Date of filing/registration in Florida	4. Document number		
	CORPORATION SERVICE COMPANY	R		
	Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET			
	TALLAHASSEE, FL 32301-2525, FL			
(b)	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	1200 South Pine Island Road			
	NEW Registered Office Address:			
	Plantation	33324		
	, FL			
agent v was/we the arti	hige of changes are made, by rondastreet address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an attimative vote of the members of cles of organization or the operating agreement of the li nure of member of authorized representative of a member	s of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered pility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in mited liability company.		

Signature of Registered Agent Leslie Martin, Assistant Secretary

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

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