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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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2019 NOV -7 PH & 50
SECRETARY OF STATE
TALLAHASSEF, FIREIDA





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 5, 2019

Order#: 031249-048

Re: DEX IMAGING, 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.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive

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.

OUCA.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.	Same of the limited liability company: _DEX IMAGING,	LLC			
2. (a	500 Staples Drive	(b)		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("		•	of limited liability company: BE POST OFFICE BOX)
	Framingham, MA 01702	_			
	03/11/2019		M190000	02355	
3.	Date of filing/registration in Florida	4.		Document nu	ımber
5. (a	C T Corporation System				
٥. (١	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:	
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRESS	"	-	
			-		
	Plantation .FL	33324		-	FILED 2019 NOV -7 PH 3 SECRETARY OF STALLAHASSEE. FLI
(b) Corporation Service Company				ASS
(0	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	_	E PO
					PH 3
	1201 Hays Street				STATE LORID
	NEW Registered Office Address:			-	Öm Ö
				-	
	Tallahassee , FL	32301		=	
the c agent was/	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regise ability co of the lim	stered office ompany, it i lited liabilit	e and the busi: s hereby confi y company or	ness office of the registered irmed that the change(s)
,	s/ Jill Cilmi	Jill (Cilmi, Autho	orized Person	
Sig	nature of a member or authorized representative of a member			Printed or type	d name of signee
provi the o to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I i ed in writing of this change.	ree to act perform d for in (hereby co	in this cap ance of my Chapter 602 onfirm that	acity. I furthe duties, and I of 5, F.S. Or, if t the limited lid	er agree to comply with the am familiar with and accept his document is being filed ability company has been
Signa	ture of Registered Agent Corporation Service Company	BY: A	mi M. Cas	sper, Asst. Vi	ce President

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