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(((H22000207256 3)))



H220002072563ABC-

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCPILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453

Fax Number

: (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleases Efile 12340 incfile Com

REGISTERED AGENT CHANGE DDS TECHNOLOGIES, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H2200Q207256 3))) Pursuant to the provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. DDS TECHNOLOGIES, INC. 1. The name of the corporation: 2070 RIVER REACH DRIVE #73, NAPLES, FL 34104 2. The principal office address: PO Box 8131 Naples, FL 34101 3. The mailing address (if different): 01/01/2004 P03000153974 4. Date of incorporation/qualification: Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) DOUGLAS D SELLERS 2070 RIVER REACH DRIVE #73 NAPLES, FL 34104 6. The name and street address of the new registered agent (if changed) and /or registered officen on (if changed): LEGALINC CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS SUITE 400 P.O. Box NOT acceptable FORT MYERS, FL 33907 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. DOUGLAS D SELLERS - President Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Wedge Dolan 06/14/2022
Signature of Registered Agent Date

If signing on behalf of an entity:

Wesley Dolan
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SHRII	ECT: DDS TECHNOLOGIES, INC.			
Name (of Corporation		<u> </u>	
	P0300015307A			
DOCU	MENT NUMBER: P03000153974			
The en	closed Statement of Change of Registered Offi	ce/Agent and fee	e are submitted for filing.	
Please return all correspondence concerning this matter to the following:				
	TTE DOBSON			
Name (of Contact Person			
INCFILE.COM LLC				
Firm/C	ompany			
17350 9	STATE HWY 249 #220			
Addres	SS			
HOUS	FON, TEXAS 77064			
City/St	ate and Zip Code			
	EFILE1234@INCFILE.COM			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LOVE	ITE DOBSON	at (_ ⁸⁸⁸	_{\(\square\)} 462-3453	
	Name of Contact Person	Area Co	dc & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of C The Centre of 2415 N. Mon Tallahassee, 1	Section Corporations f Tallahassee roe Street, Suite 810	

CR2E045 (04/13)