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To:

Division of Corporations

Fax Number : (350) 617-6380

From:

Account Name : AKERMAN SENTERFITT (MIAMI)

Account Number : 075471001363

Phone : (305)374-5600 Fas. Number : (305)374-5095

**Enter the amail address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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REGISTERED AGENT CHANGE DDS HOLDINGS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35,00

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sjaiement of change is s	ubmitted for a co	rporation organized	107.1508, or 61' 1508, I I under the laws of the S I agent, or both, in the S	iale of Florida	
1. The name of the corp	oration: DDS	Holdings, Inc.			
2. The principal office a			Mami, Florida 3313	7	
3. The mailing address	(if different):	· · · · · · · · · · · · · · · · · · ·			
4. Date of incorporation	/qualification:	11/23/2010	Document number:	P10000095783	
5. The name and street in Florida Department of			t and registered office or	n file with the	
Jona	than L. Awner				
One	S.E. Third Ave	enue, 25th Floor			
Miam	ii, Florida 331	31			
6. The name and street a (if changed):		v registered agent (i	f changed) and /or regist	ered office	SECRETARY OF SHIGHS WISHING CORPORATIONS 10 DEC -7 PH 2: 35
Bruci	E. Prestin	· · · · · · · · · · · · · · · · · · ·			
<u>2717</u>	W. Cypress C	P.O. Box NOT ace			PA CONTROL
Ft. La	iuderdale, Flo				强和证据 4 2: 35
The street address of its as changed will be iden	s registered affic trical.	c and the street add	ress of the business off	ice of its registered agent,	35 E
Such change was authorized by the board	rized by resoluti 1, or the corporal	on duly adopted by jon has been notific	its board of directors of ed in writing of the cha	or by an officer so nge.	
Signalure Of an of				, Jr., President	
I hereby accept the app I further agree to comp of my duties, and I am document is being filed corporation has been n	ooiniment as regi ly with the provi familiar with and merely to reflec oified in writing	stered agent and a sions of all statutes I accept the obligat I a change in the re Lof this change	gree to act in this cupac relative to the proper a ion of my position as re gistered office address,	city. and complete performance reistered agent. Or, if this I hereby confirm that the	
Bruce E. Prestin, Reg	istered Agent			30/10	
Signature of signature of signing on behalf of	Registered Agehi But entity:		Page	/	•
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