SIGNATURE: KARLA PEREZ

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Electronic Signature of Registered Agent

| Title | V |
|---------|-----------------------------|
| Name | PEREZ, CARLOS A |
| Address | 10100 NW 116TH WAY SUITE 15 |

City-State-Zip: MEDLEY FL 33178

DOCUMENT# P98000082886

Entity Name: PRISMA COLORS CORP.

Current Principal Place of Business:

10100 NW 116TH WAY SUITE 15 MEDLEY, FL 33178

Current Mailing Address:

10100 NW 116TH WAY SUITE 15 MEDLEY, FL 33178

FEI Number: 65-0864628

Name and Address of Current Registered Agent:

PEREZ, KARLA L 10100 NW 116TH WAY SUITE 15 MEDLEY, FL 33178 US

Officer/Director Detail :

Р

City-State-Zip: MEDLEY FL 33178

PEREZ. KARLA

10100 NW 116TH WAY SUITE 15

SIGNATURE:

Title

Name

Address

oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears PRESIDENT

02/27/2014

Date

Date

FILED Feb 27, 2014 Secretary of State CC8419783236

Certificate of Status Desired: No