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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations : (850)617-6380 Fax Number

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 2 (850)222-1173 Fax Number : (850)224-1640

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

Email Address:

REGISTERED AGENT CHANGE PRISM RESPONSE, INC.

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Corporate Filing Menu

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ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	orovisions of sections 607. nge is submitted for a corp r to change its registered (poration organized	under the laws of the Sta	te of Delawa	his re		
1. The name of the corporation: PRISM RESPONSE, INC.							
2. The principal Export, PA	office address: <u>102 Tec</u> \ 15632						
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification:	Feb 22, 2010	Document number:	F10000	000955		
	street address of the curre- tracat of State: (If resigne		and registered office on	file with the	, <i>•</i>		
	CT Corporation Sys	tem			SE		
	1200 South Pine Isl	and Road			A		
	Plantation, Florida 3	33324			R 21		
6. The name and (if changed):	d street address of the new	• •	•	red office	AH 9: E. FLOD		
	National Corporate	Research, Ltd.,	inc.		55 104 104		
	515 East Park Aver	P.O. Box NOT see					
	Tallahassee, Florida		panie				
The street address changed will	ess of its registered office be identical.	and the street add	ess of the business offi	ce of its registe	red agent,		
Such change we authorized by the	as authorized by resolutions bearing or the corporati	on duly adopted by on has been notifie	its board of directors or d in writing of the chan	by an officer.	50		
()	TE OI AN OFFICIAL OF ASSECTOR	·	John C. R		CPO		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as regts to comply with the provis at I am familiar with and ing filed merely to reflect s over notified in writing	ttered agent and ag tions of all statutes accept the obligat a change in the re of this change,	ree to act in this capac relative to the proper a ion of my position as re gistered office address,	lty. nd complete pe gistered agent. I hereby confit i	erformance Or, if this on that the		
	nature of Registered Agent	<u>-</u> .	4/19/-	2011			
/,	chalf of an entity:		34.5				
	vson, Assistant Secre	etary					
<u> </u>	yped or Printed Name		•				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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