## F1800000 1387

| (F                     | Requestor's Name)       |
|------------------------|-------------------------|
| (/                     | Address)                |
| (A                     | Address)                |
| (0                     | City/State/Zip/Phone #) |
| PICK-UP                | WAIT MAIL               |
| (E                     | Business Entity Name)   |
| <u></u>                | Document Number)        |
| Certified Copies       | Certificates of Status  |
| Special Instructions t | o Filing Officer.       |
|                        |                         |
|                        |                         |
|                        |                         |
|                        |                         |

Office Use Only



000340187470

02/04/20--01013--028 \*\*35.00

2020 FEB -4 PH 6: 46

O GOLDEN



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 30, 2020

Order#: 158414-005

Re: PRISMHR, INC.

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Meghan Groom

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.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha  | nge is submitted for a corporal   | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this<br>tion organized under the laws of the State of DE<br>e or registered agent, or both, in the State of Florida.   | <u> </u>                         |
|---|---|--|----------------------------------|
| 1. The name of t  | the corporation: PRISMHR, INC   | 5.   |                                  |
| 2. The principal  | office address: 35 PARKWOO  | D DR STE 200 HOPKINTON, MA 01748   |                                  |
| 3. The mailing a  | address (if different):   |  |                                  |
| 4. Date of incorp   | poration/qualification:03/2   | 1/20/8 Document number: F18000001387   |                                  |
|   | I street address of the current re<br>timent of State: (If resigned, en   | egistered agent and registered office on file with the ter resigned)   |                                  |
|   | WADLE, RANDI  |  |                                  |
|   | 6230 University Parkway #30   | 01   | 2020 FEB -4                      |
|   | Sarasota, FL 34240  |  | 8                                |
| 6. The name and street address of the new regist (if changed):              |   | stered agent (if changed) and /or registered office  | PH :                             |
|   | Corporation Service Compar  | ıy   | ₹-<br>6                          |
|   | 1201 Hays Street  |  | 6                                |
|   |   | P.O. Box NOT acceptable  |                                  |
|   | Tallahassee   | FL 32301   |                                  |
| The street addre  | ess of its registered office and be identical.  | the street address of the business office of its registered  | l agent.                         |
| Such change wa<br>authorized by th  | is authorized by resolution dul<br>ne board, or the corporation ha  | ly adopted by its board of directors or by an officer so is been notified in writing of the change.  |                                  |
| 7   | Acid an officer or director   | Joyce Bell, CFO  |                                  |
| Signatu   | re of an officer or director  | Printed or typed name and title  | <del></del>                      |
| l further agrée i<br>of my duties, an<br>document is bei<br>corporation has | the appointment as registered to comply with the provisions of I am familiar with and accept given the provisions of the filed merely to reflect a charten priting of the Service Company | l agent and agree to act in this capacity.<br>of all statutes relative to the proper and complete perfo<br>pt the obligation of my position as registered agent. Of<br>ange in the registered office address, I hereby confirm t<br>is change. | ormance<br>r if this<br>that the |
| Bv: Y   | Yet hi  | 01/30/2020   |                                  |
|   | nature of Registered Agent  | Date   |                                  |
| If signing on be  | half of an entity:  |  |                                  |
|   | Asst. Vice President  |  |                                  |
| T   | yped or Printed Name  |  |                                  |
|   | ***[7]  | LING 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)