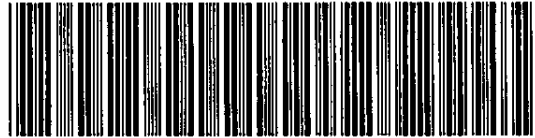


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRISM MEDICAL PRODUCTS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucy Ketner

Name of Person

Prism Medical Products, LLC

Firm/Company

P. O. Box 476

Address

Elkin, NC 28621

City/State and Zip Code

lucy@prism-medical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucy Ketner

Name of Person

at (336) 258-4314

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PRISM MEDICAL PRODUCTS, LLC

2. (a) _____ Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>7060 103rd Street, Unit 107</u> _____ <u>Jacksonville, FL 32210-6807</u> _____	(b) _____ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>P. O. Box 476</u> _____ <u>Elkin, NC 28621</u> _____
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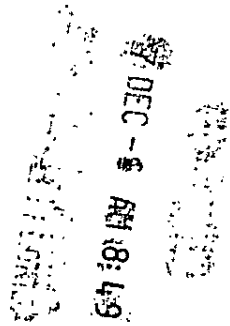
3. <u>02/06/2014</u> Date of filing/registration in Florida	4. <u>M14000000892</u> Document number
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5. (a) Young, Jeffrey
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7060 103Rd Street Unit 107
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

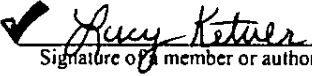
Jacksonville, FL 32210

(b) InCorp Services, Inc.
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
17888 67th Court North
NEW Registered Office Address:
Loxahatchee, FL 33470

Loxahatchee, FL 33470

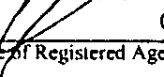


If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


 Signature of member or authorized representative of a member

Lucy Ketner
 Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 Signature of Registered Agent
Courtney Thomas on behalf of Incorp Services, Inc.