

M14000000892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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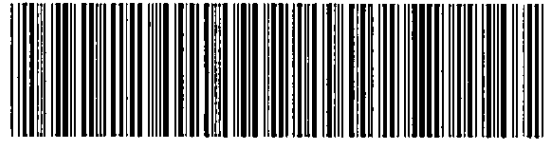
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

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2022 OCT -5 AM 10:33

STATE OF FLORIDA
TALLAHASSEE, FL

A. BUTLER

OCT - 6 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 976376 5046129
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : September 27, 2022
ORDER TIME : 8:28 AM
ORDER NO. : 976376-005
CUSTOMER NO: 5046129

CHANGE OF AGENT

NAME: PRISM MEDICAL PRODUCTS, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

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, L.L.C.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7060 103rd Street Unit 107
JACKSONVILLE, FL 32210

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P.O. BOX 476
ELKIN, NC 28621

3. 02/06/2014 Date of filing/registration in Florida

4. M14000000892 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
INCORP SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

FILED
 2022 OCT -5 AM 10:34
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

/s/Nancy Lee
 Signature of a member or authorized representative of a member

Nancy Lee, Authorized Person
 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.

/s/Grace E. Kirby
 Signature of Registered Agent

Grace E. Kirby, Asst Vice President