## M21 000002805

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5. 0F STATE

## **COVER LETTER**

_	istration Section ision of Corporations			
SUBJECT:	Prism Lab of Michigan, LLC			
50252511		Name of Limited L	iability Company	
Dear Sir or l	Madam:			
The enclose	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please retun	n all correspondence concernin	g this matter to the	following:	
Lindsey Sang	gillo			
	Name of Person		_	
Ideal Practice	e Solutions, LLC			
	Firm/Company		<del></del>	
12014 SW 1s	st Street			
	Address		<del></del>	
Coral Springs	s, FL 33071			
	City/State and Zip Co	de	<del></del>	
lsangillo@id	ealpracticesolution.com			
E-mail	address: (to be used for future	annual report notif	ication)	
For further i	nformation concerning this ma	itter, please call:		
Lindsey Sang	gillo	860 at (	514-0084	<del></del>
	Name of Person		Area Code & Daytime Telephone Number	
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
l al	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enc	closed is a check for the follow	ving amount:		
<b>■</b> \$	25 Filing Fee		55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

. (a)	Prism Lab, LLC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) Prism Lab, LLC  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
. (6)					
	130 Hampton Circle, Ste 110		130 Ham	npton Circle, Ste 110	
	Rochester, MI 48307		Rocheste	er, MI 48307	
	February 22, 2021		M2100000	02805	
. (a)	Date of filing/registration in Florida Ideal Practice Solutions, LLC	4.		Document number	
. (α)	Registered Agent and Registered Office shown on the records 12014 SW 1st Street	of the Flor	ida Dept. of St	tate:	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE	SSI	<del></del>	
	Coral Springs	330 <b>7</b> 1		F L 2021 AUG 27 SECRETALY	
(b)	Joseph Ruefiel			J6 27	
` ,	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	- Y Or Amm	
	2503 NE 36th Street			MII:44	
	NEW Registered Office Address:				
	Lighthouse Point	33064		<del></del>	
hange gent v as/w ne art	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the cosech Rusliel	he regist liability s of the l ne limite	ered office a company, it mited liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
	uture of member or authorized representative of a member			Printed or typed name of signee	
here rovis he ob mer otifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	gree to a te perfor led for it I hereby	ct in this ca mance of m Chapter 60 confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been	

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