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2020 AUG -3 AM ID: 13 SECRETARY OF STATE

Ja 09/24/20

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Prisma Painting and Faux Finishes. Inc. Name of Corporation		
DOCUMENT NUMBER: P02000131330		
The enclosed Statement of Change of Registered C	Office/Agent and f	ee are submitted for filing.
Please return all correspondence concerning this n	natter to the follow	ring:
Liliam Rodriguez		
Name of Contact Person		
Prisma Painting and Faux Finishes, Inc		
Firm/Company		
14140 SW 22nd Pl		
Address		
Davie, FL 33325		
City/State and Zip Code		
Irodriguez@prismapainting.com	n	
E-mail address: (to be used for future annual r	eport notification	1)
	•	
For further information concerning this matter, ple	ease call:	
Liliam Rodriguez	at (³⁰⁵) ³³²⁻³⁴⁷⁴ Code & Daytime Telephone Numbe
Name of Contact Person	Area C	ode & Daytime Telephone Numbe

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statu tion organized under the laws of the State of <u>FLOI</u> 2 or registered agent, or both, in the State of Flori	RIDA	_
	he corporation: Prisma Painting			
		Pl. Davie, Fl. 33325		
3. The mailing a				
4. Date of incorp	oration/qualification: 12/13/20	Document number: 10200013133	0	
	street address of the current re ment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	ne	
	Liliam Rodriguez			
	1913 SW 149th Ave.		Ø	2:
	Miramar, FL 33027		TAT ECRI	2020 AUG
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered office	TARY OF	င်
	Liliam Rodriguez		OF S	AH IC
	14140 SW 22nd Pl		TATE TATE	10: 13
PO Box NOT acceptable				
	Davie, FL 33325			
The street addre	ss of its registered office and be identical.	the street address of the business office of its reg	gistered a	gent.
Such change wa authorized by th	s authorized by resolution du e board, or the corporation ha	ly adopted by its board of directors or by an offins been notified in writing of the change.	cer so	
> 1000	<i>u</i>)	Liliam Rodriguez, VP		
- Agadui	e of an officer or director	Printed or typed name and title		
I further agree i of my duties, an document is <u>b</u> en	o comply with the provisions	l agent and agree to act in this capacity, of all statutes relative to the proper and complet pt the obligation of my position as registered agunge in the registered office address, I hereby cois change.	te perforn ent. Or, i onfirm the	rance if this it the
A m		7/29/2020		
Sign	nature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
Tv	ped or Printed Name	_		

* * * FILING 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)