P03000032900

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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
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SECRETARY OF STATE

11 15/23

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: PRISM BUILDERS, INC. (Name of corporation) |
| DOCUMENT NUMBER: P0300003290 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| TOM MORANO (Name of person) |
| PRISM BUILDERS, INC. (Name of firm/company) |
| 2885 S.W. 22nd Avenue, Unit 208 (Address) |
| Delray Beach, Florida 33445 (City/state and zip code) |
| For further information concerning this matter, please call: |
| Tom Morano at (561) 441-6188 (Name of person) (Area code & daytime telephone number) |
| 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 409 E. Gaines Street Tallahassee, FL 32399 |

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

| Pursuant to the | e provisions of sec | ctions 607.0502, 6 | 617.0502, 607.150 | 8, or 617.1508, 1 | Florida Stat | utes, | |
|---|---|--|--|--------------------------------------|---------------|----------|--|
| this statement o | f change is submit | tted for a corporati | ion organized und | er the laws of the | State of | | |
| Florida | in order to | change its registe | ered office or regi | stered agent, or t | oth, in the . | State | |
| of Florida. | | | | | | | |
| . The name of the corporation: Prism Builders, Inc. | | | | | | | |
| 2. The principal | office address: | 2885 S.W. 22 | nd Avenue, Uni | it 208 | | | |
| | | Delray Beach | , Florida 334 | 145 | | | |
| 3. The mailing a | address (if differer | nt): | | | <u>.</u> . | | |
| 4. Date of incor | poration/qualifica | tion: <u>03/21/0</u> | 3 Docum | nent number: PO3 | 3000032900 |) | |
| | d street address of rtment of State: | the current register | red agent and regi | stered office on fi | le with the | | |
| | Lawrence | B. Steinberg | | | _ | | |
| | 700 S F | ederal Highway | . Suite 200 | | | | |
| | Boca Rat | on, Florida 3 | 3432 | | - | | |
| 6. The name ar changed): | nd street address | of the new registe | red agent (if char | nged) and /or regi | istered offic | e (if | |
| | Tom Mora | no | | | - AR | ₹ 7 | |
| | 2885 S.W | 22nd Avenue. (P.O. Box or personal ma | Unit 208 ilbox NOT acceptable) | | Hass. Aar. | <u> </u> | |
| | | each, Florida | | | | | |
| The street addre agent, as change | ess of its registere ed will be identica | ed office and the stral. | reet address of the | business office | of is registe | red O | |
| Such change was authorized by the | as authorized by r he board, or the co | esolution duly ado orporation has been | pted by its board n notified in writi | of directors or by ng of the change. | an officer s | 50 C | |
| | r, chairman or vice chairm | • | | President typed name and title) | | | |
| periormance oi | mv duties, and Li | as registered agen e provisions of all am familiar with a ıment is being filed that the corporatio | ind accept the obli | igation of my noc | ition as | | |
| Von | | | May / 4, 200 | | | | |
| | ignature of Registered Ag | ent) | | (Date) | | | |
| If signing on behal | It of an entity: | | | | | | |
| (7 | Typed or Printed Name) | | - | (Capacity) | | | |

* * * FILING FEE: \$35.00 * * *