P14000033904

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

12/15/15

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: PEISM SERVICES FOR REALTORS INC. Name of Corporation							
DOCUMENT NUMBER: P140000 33904							
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:							
Name of Contact Person							
Name of Contact Person							
PERSM SERVICES FOR REALTORS INC. Firm/Company							
1326 SE 47 ST.							
CAPE COEKZ, FZ 33904 City/State and Zip Code							
City/State and Zip Code							
into@marketwithprism.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Contact Person at (239) 789 7534 Area Code & Daytime Telephone Number							
1							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Street Address: Amendment Section Amendment Section							
Division of Corporations Division of Corporations							
P.O. Box 6327 Clifton Building							
Tallahassee, FL 32314 2661 Executive Center Circle							

Tallahassee, FL 32301

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

Pursuant to the provisions statement of change is sub in order to chang	mitted for a	corporation	organized u	nder the la	ws of the Sta	ite of Fro	POB	
1. The name of the corpora	ation:	PEISM	SERVI	CES FO	ie BEAL	moes In	JC,	
2. The principal office add	ress:	1326	SE A	7 37:				
		CAPE	Coan	, FZ	3390	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
3. The mailing address (if	different):			<u> </u>	 -	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorporation/q	ualification:	4/15	14	Document	number:	P14000	63390	24
5. The name and street add Florida Department of S				nd register	ed office on	file with the		
	CLETUS	: KRA	TER					
	19 N	Der 1	DOASIC	BUD	•			
	CAPE	Cork	, FZ	3399	70		DIVISION A	C: 7
6. The name and street add (if changed):	_	-		hanged) an	d /or register	red office	APR 13	0 XXVI 48 1371 4
			WITT	<u></u>			epon A. PH 3:	12. 12.
	1326	SE 2	(7 ST	•			- 1	
-	1326 CAPE	P.O. Bo	NOT acceptat	339	904		* <u>*</u>	•
The street address of its roas changed will be identic	egistered off	ice and the	street addres	s of the bu	siness office	e of its registe	ered agent,	
Such change was authorized by the board, of	red by resolution the corpora	tion duly ad ation has be						
Signature of an office	r or director		/	4NOQEX Printe	ا لعا	and title	BIDEN	
I hereby accept the appoint of the following of the follo		gistered age visions of al miliar with led merely t as been noti						
If signing on behalf of an	entity:							
ANDREW C.								
Typed or Printe								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)