Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1120000099357 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617 6380

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500 Fox Number : (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: wendy.hefley@incorp.com

## REGISTERED AGENT RESIGNATION PRISM MSO, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

APR 03 2020

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3/4

Date: 4/2/2020 10:13:40 AM

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	PECT: PRISM MSO, INC (Name of Corporation)
DÖC	UMENT NUMBER: P15000055945
	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Wenc	dy Helley (Name of Person)
Incor	P Services, Inc. (Name of Firm/Company)
<u>3773</u>	Howard Hughes Parkway, Suite 500S (Address)
Las V	/cgas, NV 89169-6014 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Wend	ty Heffey for Incorp Services, Inc. at (702) 866-2500 ext 6904 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617	7.1509.
Florida Statutes, the undersigned,	Incorp Services, Inc.	
-	(Name of Registered Agent)	
	PRISM MSO, INC	
hereby resigns as Registered Agen	(Name of Corporation)	
	(Name of Corporation)	
P15000055945		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last known	own address.
The agency is terminated and the o	ffice discontinued on the 31st day after the date	e on which
this statement is filed.	InCorp Services, Inc.	
	(7) —	
	Dela	2020 APR
<del></del>	(Signature of Resigning Lagra)	145 <b>7</b> 7
If signing on behalf of an entity:	3 0	>22 1 P
ii wganig va asaari va un santiy		SSE N
		M 10: 20
<u>Wendy Hefley</u>		- Essa 5
	(Typed or Printed Name)	· 2

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Authorized Representative on behalf of Incorp Services, Inc. (Capacity)