

Pickup 3/068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

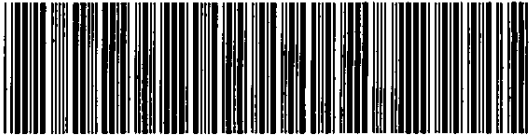
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4/19/10



300175912613

04/16/10--01018--010 **35.00

FILED
2010 APR 16 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA
C. [Signature]
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lawyers Mediation Services, P.A.
Name of Corporation

DOCUMENT NUMBER: P10000031068

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:

James M. Nicholas, Esquire
Name of Contact Person

James M. Nicholas, PA
Firm/Company

1790 Highway A1A, Suite 202
Address

Satellite Beach, FL 32937
City/State and Zip Code

jknlegal@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M. Nicholas, Esquire at (321) 777-6339
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lawyers Mediation Services, P.A.
2. The principal office address: 1790 Highway A1A, Suite 202
Satellite Beach, FL 32937
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 9, 2010 Document number: P10000031068
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)


David Arthur
730 E. Strawbridge Avenue, Suite 200
Melbourne, Florida 32901

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James M. Nicholas, Esquire
1790 Highway A1A, Suite 202
P.O. Box NOT acceptable
Satellite Beach, FL 32937

2010 APR 16 AM 9:41
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

James M. Nicholas, President and Director
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

April 14, 2010
Date

If signing on behalf of an entity:
James M. Nicholas, Esquire
Typed or Printed Name

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