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ANDRE J. PATRONE, P.A.

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> Telephone: (239) 278-1800 Telecopier: (239) 278-0608

ANDRE J. PATRONE*
KENNETH E. KEMP, II, LL.M

*Admitted in Florida and Illinois

May 25, 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Florida Divorce & Family Mediation Center, LLC

Dear Sir or Madame:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced LLC. Also enclosed, please find a check in the amount of \$25 representing the filing fee.

If you have any questions, please feel free to contact me. Thank you.

Very truly yours,

ANDRE J. PATRONE, P.A.

Andre J. Patrone, President

(Signed in his absence to avoid delay.)

AJP/dgh

Enclosures

ce: Lee A. Schreiber, Esquire (w/o enclosures)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of	f the limited liability company is: Florida Divorce & Family Mediation Center, LLC
2 The mailing	address of the limited liability company is: 3949 Evans Avenue, Suite 105
Z. Hie maning	
	Fort Myers, FL 33901
W / 20	04 L04000033865
May 4, 20	g/registration in Florida 4. Document number
3. Date of finite	gregistration in Profita 4. Decament number
5. The name of Florida Depa	the registered agent and the registered office address as shown on the records of the artiment of State:
	Lee A. Schreiber
	Lee A. Schreiber Name 3949 Evans Avenue, Suite 106 Address Fort Myers, FL 33901 City, State and Zip ad address of the new registered agent and/or office: Lee A. Schreiber Name 3949 Evans Avenue, Suite 105
	3949 Evans Avenue, Suite 106
	Address
	Fort Myers, FL 33901 City, State and Zip
	City, State and Zip
6. The name an	id address of the new registered agent and/or office:
	Lee A. Schreiber
	Name 10T
	Florida street address (P.O. Box NOT acceptable)
	Fort Myers FL 33901
	City, State and Zip
confirmed that and the business liability compathe members of the operating a (Signature of a mer Lee A. Sch. (Printed or typed n	ame of signee)
	of the appointment as registered agent and agree to act in this capacity. I further agree to be provisions of all statutes relative to the proper and complete performance of my duties, idr with and accept the obligations of my position as registered agent as provided for in S. Or, if this document is being filed to merely reflect a change in the registered office by confirm that the limited liability company has been notified in writing of this change. Market Agent Lee A. Schreiber
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INHS18(10/99)	FILING FEE: \$25.00