

L05000035540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

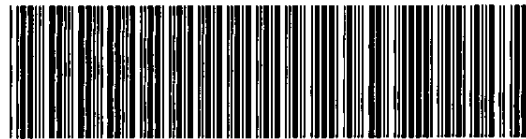
(Business Entity Name)

(Document Number)

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C. LEWIS

SEP 28 2011

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP 26 AM 8:37

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATD MEDIATION LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CINDY NIAD HANNAH

Name of Person

ATD MEDIATION LLC

Firm/Company

12565 ORANGE DRIVE, SUITE 407

Address

FT. LAUDERDALE, FL 33330

City/State and Zip Code

JCLAS@AGREE2DISAGREE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE MALDONADO

Name of Person

at ( 954 )

599-0401

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: ATD MEDIATION LLC

2. (a) Principal office address of limited liability company: 12565 ORANGE DRIVE, STE 407

(Note: MUST BE STREET ADDRESS) FT. LAUDERDALE, FL 33330

(b) Mailing address of limited liability company: 12565 ORANGE DRIVE, STE 407

(Note: MAY BE POST OFFICE BOX) FT. LAUDERDALE, FL 33330

09/19/2011

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CINDY NIAD HANNAH

Registered Office Address:

HANNAH, CINDY NIAD  
1140 NW 100TH WAY  
FORT LAUDERDALE, FL 33222

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CINDY NIAD HANNAH

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

12565 ORANGE DRIVE, STE 407  
FT. LAUDERDALE, FL 33330

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Cindy Niad Hannah  
Signature of a member or authorized representative of a member

CINDY NIAD HANNAH

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

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

**FILING FEE: \$25.00**