

LD9000077966

\_\_\_\_\_  
(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



900237665709

07/25/12--01009--026 \*\*25.00

APPROVED  
AND  
FILED  
12 JUL 25 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 26 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTRAL FLORIDA MEDIATION GROUP, 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:

Samuel G. Crosby

Name of Person

Central Florida Mediation Group, LLC.

Firm/Company

4729 US. Highway 98 South, Suite 104

Address

Lakeland, FL. 33801

City/State and Zip Code

scrosby@mcmpalaw.com

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

For further information concerning this matter, please call:

Samuel Crosby

Name of Person

at ( 863 )

594-1113

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

APPROVED  
AND  
FILED  
12 JUL 25 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Central Florida Mediation Group, LLC.

2. (a) Principal office address of limited liability company: 4729 U.S. Highway 98 South,

(Note: MUST BE STREET ADDRESS)

Suite 104  
Lakeland, FL 33812

(b) Mailing address of limited liability company: Central Florida Mediation Group, LLC

(Note: MAY BE POST OFFICE BOX)

4729 U.S. Highway 98 South, Suite 104  
Lakeland, FL 33812

8/12/2009

3. Date of filing/registration in Florida

L09000077966

4. Document number

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

Registered Agent:

William M. Midyette, II.

Registered Office Address:

1611 Hardin Boulevard

Lakeland, FL 33803

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

NEW Registered Agent:

Samuel G. Crosby

NEW Registered Office Address:

4279 U.S. Highway 98 South

(MUST BE FLORIDA STREET ADDRESS)

Suite 104  
Lakeland, FL 33812

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.

Samuel G. Crosby  
Signature of a member or authorized representative of a member

Samuel G. Crosby

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.*

Samuel G. Crosby  
Signature of Registered Agent

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

FILING FEE: \$25.00

APPROVED  
AND  
FILED  
12 JUL 25 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA