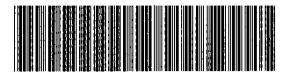
U 0000 44309

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
•	,				
(Cit	y/State/Zip/Phone	; #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(1)0	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
	•				

Office Use Only



500188543025

12/13/10--01028--022 **25.00

T. CLINE

DEC 14 2010

EXAMINER

SECRETARY OF STATE

HERETON NO.

COVER LETTER

Division of (Corporations					
SUBJECT:	AEQUITAS	MEC	NOITAI	GROUP, LLC		
SCB02C1	Name of Li				· · · · · · · · · · · · · · · · · · ·	
Doon Sin on Madama						
Dear Sir or Madam:						
The enclosed Regist	tered Agent/Registered Of	fice C	hange and	fee(s) are submitted	for filing.	
Please return all cor	respondence concerning the	his ma	atter to the	following:		
	VENIN E OKIDDED					
<u></u>	(EVIN E. SKIPPER Name of Person					
AEQUITAS	S MEDIATION GROUP,	LLC				
71201771	Firm/Company					
	P.O. BOX 153					
	Address					
	/ERNESS, FL 34451					
(City/State and Zip Code					
;	kes@amgadr.com					
E-mail address: (to b	kes@amgadr.com be used for future annual report not	ification	1)			
For further informat	ion concerning this matter	r. nlea	se call:			
		, , ,			Ā.	2
KEVIN	E. SKIPPER	-4 (352)	422-489		910
	of Person	at (Code & Daytime Telephone	Number_	居 **
cmp.apm/c.c					SS:	144
	OURIER ADDRESS:			NG ADDRESS:	[1] C)	ii Jane
Registration S				tion Section	777	
Division of C			P.O. Box	of Corporations	# 60 # 53	are:
Clifton Buildi	ng ve Center Circle			see, Florida 32314	TO THE	**
Tailahassee, F			i allanas	See, Fidhaa 32314	Jan-	9
	a check for the following	ama	unt:			
	· ,	,			C	
√ \$25 Filing	g ree		\$33 F1	ling Fee & Certified (٥ру	

TO: Registration Section

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:AEQUI	TAS MEDIATION GROUP, LLC
2. (a) Principal office address of limited liability company	y: 419 WRIGHT ST
(Note: MUST BE STREET ADDRESS)	INVERNESS, FL 34452
(b) Mailing address of limited liability company:	P.O. BOX 153
(Note: MAY BE POST OFFICE BOX)	INVERNESS, FL 34451
04/26/2010	L10000044309
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:	KEVIN E. SKIPPER
Registered Office Address:	309 S. PINE AVE INVERNESS, FL 34452
	-
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	KEVIN E. SKIPPER
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	419 WRIGHT ST
	INVERNESS ,FL 34452
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization .
KEVIN E. SKIPPER	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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