L10000102966

12/7/2017 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE

THE MEDIATION CENTER SOUTHEAST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

2017 DEC -8 AM 8:5[illegible]
TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 11 2017

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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 605.0114 or 605.0116, 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: THE MEDIATION CENTER SOUTHEAST, LLC

2. (a) 321 Montgomery Rd
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

#160037

Altamonte Springs, FL 32716

(b) PO BOX 160037
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

ALTAMONTE SPRINGS, FL 32716

3. 10/01/2010
Date of filing/registration in Florida

4. L10000102966
Document number

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

321 Montgomery Rd
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

#160037

Altamonte Springs FL 32716

(b) Registered Agents Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address

3030 N. Rocky Point Dr.
NEW Registered Office Address

STE 150A

Tampa FL 33607

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TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Riley Park
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 605, 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.

Bill Havre - Assistant Secretary
Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2-14)