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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE THE MEDIATION FIRM OF FLORIDA, LLC

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JUL 0 7 2023

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

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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 MEDIA	TION FIRM	M OF FLORIDA, LLC
2. (a	ı)	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			
	10/05/2021	L	21000435765
3.	Date of filing/registration in Florida	4.	Document number
5. (BROWN, STEPHEN C		
` ,	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	5922 Danube Way		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Orlando , FL	_32807	
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4th St N	7 Ome address	APPR AP FIL SEORETAIC FAIL AHASS
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , Fi.	. 33702	元 5
the c agen was/	elimited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the register lability comp of the limite	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
<u> </u>	nature of a member or authorized representative of a member		Robin Jones
_			Printed or typed name of signee
I her provi the o to me notifi	ceby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I de in writing of this change.	ree to act in performance d for in Cha hereby conf	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

Signature of Registered Agent