

N30569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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NOV 27 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Academy of Professional Mediators, Inc
Name of Corporation

DOCUMENT NUMBER: N30569

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin I. Willner, Esq.
Name of Contact Person

Firm/Company

3500 Mystic Pointe Dr. #2208
Address

Aventura, FL 33180
City/State and Zip Code

admin@tfapm.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin I. Willner at 305, 794-8185
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2017

ROBIN I. WILLNER, ESQ.
3500 MYSTIC POINTE DR #2208
AVENTURA, FL 33180

SUBJECT: FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.
Ref. Number: N30569

We have received your document for FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if ~~directors~~ or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 417A00021983

RECEIVED
17 NOV 27 PM 2:30
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: Florida Academy of Professional Mediators, Inc.
2. The principal office address: 3500 Mystic Pointe Dr #2208
Aventura, FL 33180
3. The mailing address (if different): P.O. Box 350634
Ed. Landersdale, FL 33335
4. Date of incorporation/qualification: 02/09/1989 Document number: N30569
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Stanley Zamor
7958 Pines Blvd.
Pembroke Pines, FL 33024

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Robin I. Willner, Esq.
3500 Mystic Pointe Dr. #2208
P.O. Box Not acceptable
Aventura, FL 33180

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robert D. Weckert President
Signature of an officer or director + Director

Robin I. Willner, President
Printed or typed name and title Director

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Robin I. Willner
Signature of Registered Agent

10/25/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32316-0327

CR2E045 (03-12)

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