## N30509

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(Business Entity Name)	
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I ALBRITTON

## **COVER LETTER**

FO: Amendment Section Division of Corporations
SUBJECT: Florida Academy of Profissional Medeators, Manne of Corporation  Name of Corporation  N30569
document number: $1.30569$
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Rame of Contact Person, ESG.
L'irm/Company
3500 Mystic Pointe Dr. # 2208
Aventura FL 33180 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
F:-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Robin I. Willrer at (205, 794-8185) Name of Contact Person at (206 & 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  Street Address: Amendment Section  Division of Corporations  Clifton Building
Fallalussee, Fl. 32314 2661 Executive Center Circle

Fallahassee, FL 32301

CR2F045 003 12



## 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.

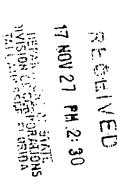
If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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



## 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 $-\digamma l v d d$
in order to change its registered office or registered agent, or both, in the State of Florida
1. The name of the corporation: HUMAA Academy of The escional Media hors law.
2. The principal office address: 13500 Must v rointe br # 2208
Avantura FL 33180
3. The mailing address (if different P.O. Bex 350634
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)
Zant Zant
TOUS RIVE
Pembruke Pines, FL 33024
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Noble I Willner Esq.
3500 Mush Pante N. # 2218
$\frac{500 / \text{U} / \text{S} + \text{C} / \text{C} + \text{C} + \text{C} + \text{C}}{\text{U} + \text{C} + \text{C} + \text{C}}$
AVONTURA, 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 conforation has been notified in writing of the change.
Polis D. Welker President Robin I. Willror, President
Signature of an other or director + Director Printed or typed name and title
Thereby accept the appointment as registered agent and agree to act in this capacity.
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 refrect a change in the registered office address. I hereby spinfirm that the corporation has been notified in writing of this change.
hereby girlism that the corporati <b>on</b> has been notified in writing of this change
My Migrature in Registered App (Class)
If signing on behalf of an entity:
If signing on behalf of an entity:
Isped of Printed Name
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  Mail, 10: Division (#Corporations, P.O. Box 6327, Tallahassel, F1, 32374)
CR2E045 (03/12)