

POLO DUOD 38645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

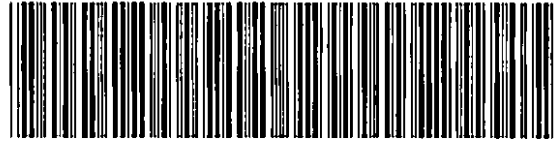
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2018

S. YOUNG



NULMAN
Mediation Services

JAMES L. NULMAN
Certified Circuit Civil Mediator
Certified Appellate Mediator

August 27, 2018

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Change of Registered Agent for
Nulman Mediation Services, Inc.
Document # P06000038648

Dear Sir/Madam:

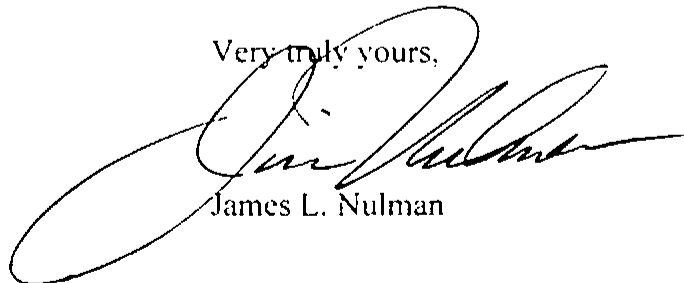
Enclosed please find the Florida Department of State's Cover Letter and Statement of Change of Registered Office and Registered Agent for Nulman Mediation Services, Inc. I am also enclosing my firm's check, payable to the Florida Department of State, for \$35.00, representing the applicable fee to process this change.

I ask that you please process this request and change both the registered office and registered agent for Nulman Mediation Services, Inc. in accordance with the enclosed documents.

Please let me know if you need any additional information from me in order to accomplish these changes.

Thank you.

Very truly yours,



James L. Nulman

Encls. as stated
cc: Jay A. Brett, Esq. (w/encls.)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nulman Mediation Services, Inc.

Name of Corporation

DOCUMENT NUMBER: P06000038648

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:

James L Nulman

Name of Contact Person

Nulman Mediation Services, Inc.

Firm/Company

15880 Summerlin Rd., Suite 300

Address

Fort Myers, FL 33908

City/State and Zip Code

jim@nulmanmediation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James L Nulman

Name of Contact Person

at (239) 433-3539

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

**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: Nulman Mediation Services, Inc.
2. The principal office address: 15880 Summerlin Rd., Suite 300
3. The mailing address (if different): (same)

4. Date of incorporation/qualification: 03/16/2006 Document number: P06000038648

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)

Jay A. Brett

9100 College Pointe Ct.

Ft. Myers, FL 33919

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

James L Nulman

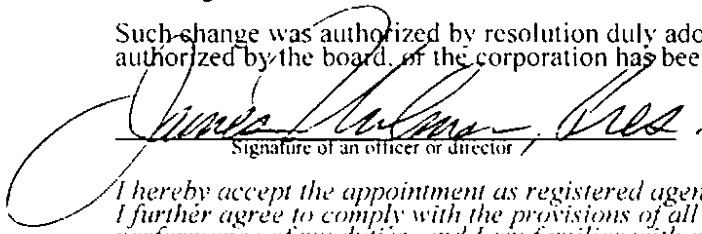
15880 Summerlin Rd., Suite 300

P.O. Box NOT acceptable

Fort Myers, FL 33908

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.


Signature of an officer or director

James L. Nulman, President

Printed or typed name and title

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.


Signature of Registered Agent

08/27/2018

Date

If signing on behalf of an entity:

James L. Nulman

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 32314

CR2E045 (03/12)

FILED
18 AUG 29 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA