# P11000001667

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Coneifes Dunent by Hephon con The 2-14-11		
Th 2-14-11		

Office Use Only



800192267058

01/31/11--01036--023 \*\*52.58

Amers/M

TAPERTARY OF STATE A

The arm



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 2, 2011

SUSAN HAYDEN DANIELS THE MEDIATORS, INC. 420 W INDIANTOWN RD JUPITER, FL 33458

SUBJECT: PALM BEACH MEDIATORS, P.A.

Ref. Number: P11000001667

We have received your document for PALM BEACH MEDIATORS, P.A. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Susan Hayden Daniels must sign document in the space provided on the form.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 611A00002852

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Palm Beach Mediators, Inc.						
DOCUMENT N	CUMENT NUMBER: P11000001667					
The enclosed Arti	icles of Amendment and fe	e are submitted for filing.				
Please return all c	orrespondence concerning	this matter to the following:				
	S	usan Hayden Daniels				
		Name of Contact Person				
		The Mediators, Inc. Firm/ Company				
		Firm/ Company				
	42	0 W. Indiantown Road Address				
		Taillai resco. Escración				
	-1 12 13 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	lupiter, Florida 33458. Comer Charle				
City/ State and Zip Code						
: —	jp@ E-mail address: (to be u	jupiterlawgirl.com ised for future annual report notification)				
For further inform	ation concerning this matte	r please call:				
	•••	at ( 561 ) 745-9191				
	e of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a chec	k for the following amount	made payable to the Florida Department of State:				
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$\int_{\text{\$\frac{43.75}{1000000000000000000000000000000000000	losed)			
Mailing Address Amendment Section Division of Corporations		Street Address  Amendment Section  Division of Corporations  Clifton Building				
P.O. Box 6 Tallahasse	e, FL 32314	2661 Executive Center Circle Tallabassee, FL 32301				

### Articles of Amendment to **Articles of Incorporation**

4	nendment	Articles of Ar		
_		to '	•	
FII	rporation	Articles of Inco		
State) FALLAHARY OF			Dalm Da	
State) TALLAHASSEE, FLORID		ach Mediator	(Name of Corporation as cu	
TALLAHARY OF	ne Florida Dept. Of Sta			
- SEE FLOOR	on (if known)	11000001667 umber of Corporat		
-0 <sub>1</sub> / <sub>1</sub> / <sub>1</sub>	on (II known)	umber of Corporat	(Document is	
it Corporation adopts the following	es, this Florida Profit		ant to the provisions of section 607.1 ment(s) to its Articles of Incorporation	
	_	<del>-</del>	amending name, enter the new name	
The new		e Mediators, Inc	Th  must be distinguishable and contai	
		ole:	ipal office address <u>MUST BE A STR.</u> nter new mailing address, if applical ailing address <u>MAY BE A POST OF</u>	
enter the name of the	address in Florida, ent	r registered office	nmending the registered agent and/oweregistered agent and/oweregistered agent and/or the new registered agent ag	
		N/A	Name of New Registered Agent:	
<del></del>	da street address)	(Flori	New Registered Office Address:	
, Florida				
Zip Code)	(Zi <sub>j</sub>	(City)		
	zent:	ging Registered A	egistered Agent's Signature, if chan	
ne obligations of the position.			y accept the appointment as registere	
·	<del>-</del>	-		
hanging	Registered Agent if cha	Signature of New	_	
	<u>zent:</u>	d agent. I am fami	egistered Agent's Signature, if chan y accept the appointment as registered	

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title; name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Michael M. Daniels	9685 WhipporwillTrail Jupiter, Florida 33478	<b>A</b> Add
(attach ada Article VII -	litional sheets, if necessary). (Be spec VP Michael M. Daniels, 9685 WI	nipporwill Trail, Jupiter, FL 3	33478 - Add
<u>provision</u>	endment provides for an exchange, rest for implementing the amendment in applicable, indicate N/A)		
N/A			
·····			
<del>_</del>			

The date of each amendmen	t(s) adoption: _	1-25-11
Effective date <u>if applicable</u> :	1/25/2011	(date of adoption is required)
Enective date <u>if applicable</u> .		90 days after amendment file date)
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		ne shareholders. The number of votes cast for the amendment(s) r approval.
		the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	endment(s) was/were sufficient for approval
by		"
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by th	ne board of directors without shareholder action and shareholder
✓ The amendment(s) was/we action was not required.	ere adopted by th	ne incorporators without shareholder action and shareholder
Dated_Jan Signature_	uary 25, 2011	Daniel
(By sel-	ected, by an inco	or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Susan Hayden Daniels
	(T)	yped or printed name of person signing)
		President
	(Title	of person signing)