## P11000021537

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	<i>⊋ #</i> )				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





900208432739

06/06/11--01015--003 \*\*35.00

BIVISION OF CORPORATIONS

RO18/11

## **COVER LETTER**

TO: Amendment Division of	t Section Corporations			
SUBJECT:	Tampa Med	diation, Inc	<del></del>	
	Name of	f Corporation		
DOCUMENT NUM	ивек: P1	1000021537	_	
The enclosed Statem	nent of Change of Registered Of	fice/Agent and fee are submitted for	filing.	
Please return all cor	respondence concerning this mat	tter to the following:		
		3		
	Dani	ial Ganet		
Daniel Genet Name of Contact Person				
	Tamna M	Mediation, Inc		
-		Company	, ne	
	PO R	Box 48576		
_		ddress	_	
	Tompo	EL 22646		
-	City/State	n, FL 33646 e and Zip Code	<del>-</del>	
	·	·		
	dgenet@tampa	mediationinc.com	<del></del>	
I	E-mail address: (to be used fo	r future annual report notification	)	
		•		
For further informat	ion concerning this matter, pleas	se call:	•	
	-			
	Daniel Genet	at ( 813 ) 33 Area Code & Daytime Tele	3-2863	
Nam	e of Contact Person	Area Code & Daytime Tele	phone Number	
Enclosed is a \$35.00	check made payable to the Dep	vartment of State.		
	Mailing Address	Street Address		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations		ons	
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Cente	er Circle	

Tallahassee, FL 32301

TO:

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

statement of cha	inge is submitted for a corp	poration organiz	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of Florida
1. The name of t	the corporation: Tampa	Mediation,	Inc	
2. The principal	office address: 1011 N.	Armenia Ave	, Tampa, FL 33607	
3. The mailing a	address (if different): PO	Box 48576, T	ampa, FL 33646	
4. Date of incorp	poration/qualification:	2/28/11	Document number:	P11000021537
	I street address of the curre tment of State: (If resigned	-	ent and registered office on f	ile with the
	Daniel Genet			
	18111 Courtney Bre	eze Drive		
	Tampa, FL 33647			
6. The name and (if changed):		registered agent	(if changed) and /or register	ed office  1 JUH -6
	Daniel Genet			—— -6 FRY
	1011 N. Armenia Av	P.O. Box NOT a	acceptable	PH (
	Tampa, FL 33607		-	2: 0
The street address changed will	ess of its registered office be identical.	and the street ac	ddress of the business offic	e of its registered agent,
			by its board of directors or fied in writing of the chang	
- Constitution of the Cons	re of all officer or director		Daniel Genet	President
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regis to comply with the provis ad I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and ions of all statut accept the oblig a change in the of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	<b>L</b> .
Mar	(lun)		5/30/11	
J	nature of Registered Agent		Date	•
If signing on be	half of an entity:			
	iel Genet, President yped or Printed Name	<del></del>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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