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SECRETARY OF STATE
ALLAHASSEE: FLONIDA

COVER LETTER

TO: Amendment Section Division of Corporations

Parkland Mediat NAME OF CORPORATION:	ion, Inc.
P16000045754 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
Grace F. Solomon	
Parkland Mediation	Name of Contact Person
5421 North University Dri	Firm/ Company ve, Suite 101
Coral Springs, FL 33067	Address
<u>-</u>	City/ State and Zip Code
office@ParklandMediation.com	1
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Grace F. Solomon	561 789-7046 at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
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

Articles of Amendment to Articles of Incorporation of

		of	
Parkland Mediation, Inc.			
(Name	of Corporation as currer	ntly filed with the Florida Dept. of State)	
P16000045754			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	ion," "company," or "incorporated" or the abl "Co". A professional corporation name must co ("P.A."	breviation
B. Enter new principal office address,	if appliçable:	5421 North University Drive	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	Suite 101	·
		Coral Springs, FL 33067	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		5421 North University Drive	5
		Suite 101	SEP = = = = = = = = = = = = = = = = = = =
		Coral Springs, FL 33067	5 E
D. If amending the registered agent an			PH 4: 07
new registered agent and/or the nev		ss:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	Grace F. Solomon	A CONTRACTOR OF THE PARTY OF TH	Ş →
	5421 North University D	Drive, Suite 101	
	(Florida :	street address)	
New Registered Office Address:	Coral Springs	33()67 . Florida	
		(City) (7ap Co	ode)
New Registered Agent's Signature, if c		nt:	
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligations of the position.	
		. , , , , ,	
	Signature of New	Registered Agent, if changing	
		gc. s. rigerii y viimiging	

(Anach adamonal sheets	•	•		
Please note the officer/di	rector titl	e by the first le	tter of the office title:	
P = President; V = Vice	President	l: l= Treasure	r; S= Secretary; D= Director; TR= Tr	ustee: C = Chairman or Clerk; CEO = Chief
hald Devoided Tenner	≠ Cniej i	rınancıaı Ojjiç	er. IJ an officer/airector holds more if	ian one title, list the first letter of each office
held, President, Treasure				NOTE THAT I TO A LOTTE TO A
Changes should be noted	i in ine jo	nowing manne	r. Currentiy John 190e is astea as the 1	2ST and Mike Jones is listed as the V. There is
a change, Mike Jones led	aves ine c	orporation, sa	uy Smiin is namea the V and S. These s	hould be noted as John Doe, PT as a Change,
Mike Jones, V as Remove	e, ana sai	ty Smiin, SV as -	_l an Aaa.	
Example:	DT	Jahn Daa		
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u> </u>	Sally Smith		
Type of Action	<u>Title</u>	Nan	। <u>।e</u>	<u>Addres</u> s
(Check One)			፣	
		N/A	,	
1) Change				
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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)

	1
E. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
N/A	
	l .
	11
V. If an amandment provides for an evaluation	
provisions for implementing the amendment	reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	ii
	<u> </u>

The date of each amendment(s) adoption date this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departn		meet the applicable statutory filing requirements, this date will not be listed as the tate's records.
Adoption of Amendment(s)	(<u>CHIE</u>	CK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient		proval.
		shareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes cast for th	ne amendi 	ment(s) was/were sufficient for approval
by	(votin	g group)
action was not required.	by the be	oard of directors without shareholder action and shareholder corporators without shareholder action and shareholder
August 31, 2017	7	
Dated		
Signature		
selected, by	an incorp	ent or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)
Grac	ce F. Solo	 mon
	(T)	sped or printed name of person signing)
Presi	ident	
		(Title of person signing)
		Page 4 of 4