

719602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

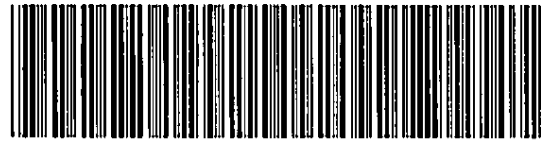
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000328052020

04/22/19--01027--015 **35.00

MAY 01 2019
S. YOUNG

FILED
19 APR 22 PM 6:15
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mental Health America of Northeast Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 719602

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy L Hughes

(Name of Person)

Mental Health America of Northeast Florida, Inc.

(Name of Firm/Company)

4615 PHILIPS HWY STE 300

(Address)

Jacksonville, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Kindy

(Name of Person)

at (**904**) **434-1580**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

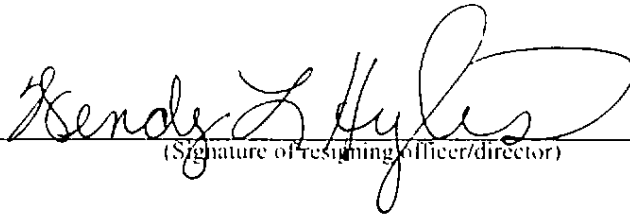
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Wendy L Hughes, hereby resign as Chief Executive Officer
(Title)

of Mental Health America of Northeast Florida, Inc.
(Name of Corporation)

719602, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
19 APR 22 PM 6:15
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314