

N19 000001414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

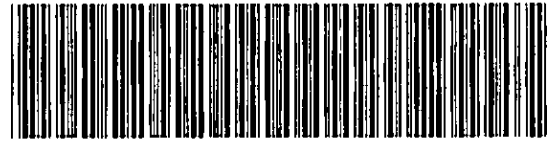
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NORTH FLORIDA INLAND LONG TERM RECOVERY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N19000001414

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:

Bryce Melvin  
Name of Contact Person  
NORTH FLORIDA INLAND LONG TERM RECOVERY, INC.  
Firm/Company  
428 Lafayette Street  
Address  
Marianna, FL 32446  
City/State and Zip Code  
bryce@northfloridarecovery.org

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

For further information concerning this matter, please call:

Bryce Melvin at ( 850 ) 272-2020  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: NORTH FLORIDA INLAND LONG TERM RECOVERY, INC.
2. The principal office address: 4788 Cottage Drive  
Marianna, FL 32446
3. The mailing address (if different): 4428 Lafayette St, Marianna, FL 32446
4. Date of incorporation/qualification: 02/05/2019 Document number: N19000001414
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)

YODER, KEVIN

18327 NE ROY GOLDEN ROAD

BLOUNSTOWN, FL 32424

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

YODER, KEVIN

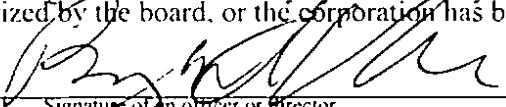
2371 Highway 73

P.O. Box NOT acceptable

Marianna, FL 32448

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

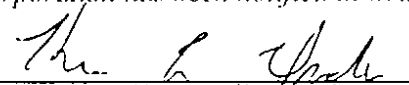
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Bryce Melvin, Treasurer

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

10/13/2020

Date

If signing on behalf of an entity:

Kevin L. Yoder  
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 (04/13)