

N21 000003715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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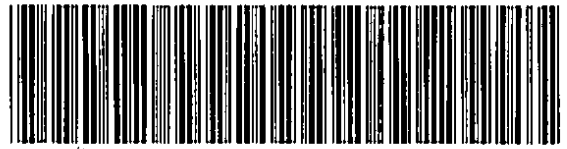
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mental Wellness Coalition of Marion County, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N21000003715

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:

Carali McLean

Name of Contact Person

Heart of Florida Health Center

Firm/Company

2553 East Silver Springs Blvd.

Address

Ocala, FL 34470

City/State and Zip Code

carali.mclean@myhfhc.org

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

For further information concerning this matter, please call:

Carali McLean

at ( 352 ) 570-7068  
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: Mental Wellness Coalition of Marion County, Inc.
2. The principal office address: 2553 East Silver Springs Blvd., Ocala FL 34470
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/01/2021 Document number: N21000003715
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)

Nancy Castillo (resigned)

3482 NW 10th Street

Ocala, FL 34475

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

Carali McLean

2553 East Silver Springs Blvd.

P.O. Box NOT acceptable

Ocala, FL 34470

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.

Carali McLean

Signature of an officer or director

Carali McLean, Director

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.*

Carali McLean

Signature of Registered Agent

11/22/2021

Date

If signing on behalf of an entity:

Carali McLean

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)