

723551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

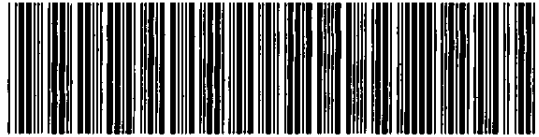
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700162127667

10/26/09--01004--019 \*\*35.00

FILED

2009 OCT 26 P 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

No Change  
Revised  
10-28-09

*Arlene F. Austin, P.A.*

ATTORNEY AT LAW

6312 TRAIL BOULEVARD  
NAPLES, FL 34108-2836

PH: (239) 514-8211  
FAX: (239) 514-4618  
AFAUSTIN@ATT.NET

October 21, 2009

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

Re: Registered Agent Office Change

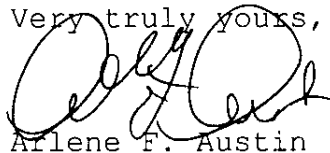
Ladies and Gentlemen:

Enclosed please find the following Statement of Change of Registered Office for the Registered Agent for the following companies:

1. NAMI of Collier County, Inc., Document #N23551, Check #2059, in the amount of \$35.00 (Please change the office address)
2. Sarah Ann Drop In Center, Inc., Document #N04000000372, Check #2060, in the amount of \$35.00

Thank you for your kind cooperation and assistance. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Arlene F. Austin

AFA:jf

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NAMI of Collier County, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N23551

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:

Kathryn Hunter  
Name of Contact Person

NAMI of Collier County, Inc.  
Firm/Company

6216 Trail Blvd.  
Address

Naples, FL 34108  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kathryn Hunter at ( 239 ) 434-6726  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: NAMI of Collier County, Inc.
2. The principal office address: 6216 Trail Blvd.  
Naples, FL 34108
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/19/87 Document number: N23551
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)

Kathryn Hunter  
4658 Santiago Lane  
Bonita Springs, FL 34134

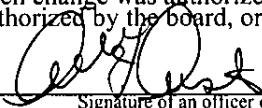
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kathryn Hunter  
6216 Trail Blvd.  
Naples, FL 34108

P.O. Box NOT acceptable

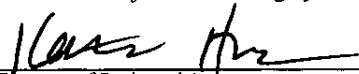
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Arlene F. Austin, Officer  
\_\_\_\_\_  
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

October 14, 2009  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (8/05)

**FILED**  
OCT 26 P 4:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE