N26176

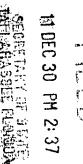
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED AGENT OR BOTH FOR CORPORATIONS

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 Jacksonville Florida, Inc. (new
2. The principal office address:
3. The mailing address (if different): River Point Behavioral Health 6300 Beach Blvd. Jacksonville, FL 322/6
4. Date of incorporation/qualification: 4/28/98 Document number: N26176
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)
William H. Retzer 38 F 8439 Frost St. North
Jacksonville FL 32221
6. The name and street address of the new registered agent (if changed) and (or registered office (if changed):
Mr. Dick May, Treasurer 4307 San Jose Lane P.O. Box NOT acceptable Mew Treasurer registered agent as of
Jacksonville, FL 32207
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.
Enger Richard (Dirk) May III Signature of an officer or 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.
Emis Rilal Mar. # December 21, 2011 Signature of Registered Agent Date
If signing on behalf of an entity:
Erweir Richard May TER Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 *) * *