

N26176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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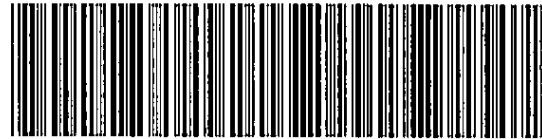
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NAMI Jacksonville Florida, INC.

Name of Corporation

DOCUMENT NUMBER: N26176

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:

Dr. Laura Lane

Name of Contact Person

NAMI Jacksonville Florida, INC.

Firm/Company

6300 Beach Blvd.

Address

Jacksonville, Florida 32216

City/State and Zip Code

NAMIJax2017@gmail.com

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

For further information concerning this matter, please call:

Dr. Laura Lane

904

305-6400

at ()

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 Jacksonville Florida, INC.
2. The principal office address: 6300 Beach Blvd. Jacksonville, FL 32216
3. The mailing address (if different): P.O. Box 600857 Jacksonville FL 32260
4. Date of incorporation/qualification: 1-30-19 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)

Farmand, Mike B. CPA

4237 Atlantic Boulevard

Jacksonville, Florida 32207

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

Dr. Laura Lane

6300 Beach Blvd.

P.O. Box NOT acceptable

Jacksonville, Florida 32216

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.



Tara Wildes, President NAMI Jacksonville

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

April 22, 2019

Date

If signing on behalf of an entity:

Dr. Laura Lane

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