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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

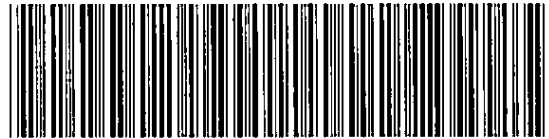
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NAMI MARION COUNTY INC.  
Name of Corporation

DOCUMENT NUMBER: N98000002468

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:

DEBORAH COOPER HUTCHINGS  
Name of Contact Person

NAMI MARION COUNTY  
Firm/Company

324 SE 24TH AVE.  
Address

OCALA, FL 34471  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) executivedirector@namimarioncountyfl.org

For further information concerning this matter, please call:

DEBORAH COOPER at 352, 390-4523  
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: NAMI MARION COUNTY, INC.
2. The principal office address: 324 SE 24TH ST. Ocala, FLORIDA  
34471
3. The mailing address (if different): P.O. Box 5763 Ocala, FL 34478
4. Date of incorporation/qualification: 4/27/1998 Document number: N98000002468
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)

DIANA WILLIAMS  
324 SE 24TH ST.  
Ocala, FL 34471

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

DEBORAH COOPER HUTCHINGS  
324 SE 24TH ST.  
Ocala, FL 34471

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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.

Deborah Cooper Hutchings  
Signature of an officer or director

DEBORAH COOPER HUTCHINGS - EXEC. 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.

Deborah Cooper Hutchings  
Signature of Registered Agent

6-15-24  
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 (04/13)