

2/7/22, 5:00 PM

Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)573-3996  
Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE

THE LUTHERAN HOUR MINISTRIES FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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 MO in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE LUTHERAN HOUR MINISTRIES FOUNDATION, INC.
2. The principal office address: 660 MASON RIDGE CENTER DRIVE, ST. LOUIS, MO 63141-8557
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/21/2004 Document number: F04000002957
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)

WRIGHT, EDWARD2406 GALLAGHER AVE.SPRING HILL, FL 34606

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

C T Corporation System1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

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]  
Signature of an officer or director

DAVID C. LANUS, CHIEF FINANCIAL 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.

By:

[Signature]  
Signature of Registered Agent

2/7/2022  
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  
CR2R045 (04/13)