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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

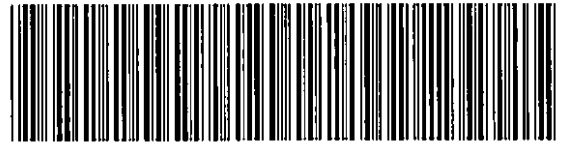
\_\_\_\_\_  
(Business Entity Name)

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

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Lazarus Mission, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N21000012922

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:

Jessica Montjoy

Name of Contact Person

URS Agents, INC.(CA)

Firm/Company

3675 Crestwood Pkwy Suite 350

Address

Duluth, GA 30096

City/State and Zip Code

JMONTJOY@URSCOMPLIANCE.COM

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

2023 MAY 15 11:11:57

For further information concerning this matter, please call:

Jessica Montjoy

Name of Contact Person

at ( 877 ) 275-2767

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

- 1. The name of the corporation: The Lazarus Mission, Inc.
- 2. The principal office address: 6301 Ivy Lane Suite #700, Greenbelt, MD 20770
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 2021-11-05 Document number: N21000012922
- 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)

Matthew Dillon  
160 Price Street  
Naples, FL 34113

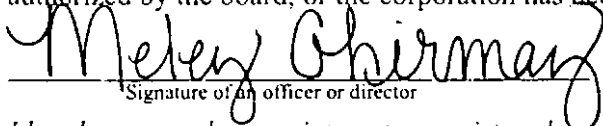
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS Agents, LLC  
3458 Lakeshore De., Tallahassee, FL 32312  
P.O. Box NOT acceptable

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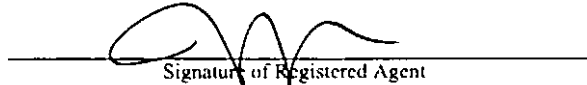
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Meley Ghirmay  
 \_\_\_\_\_  
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

04-28-23  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:

URS Agents, INC.(CA)  
 \_\_\_\_\_  
Typed or Printed Name

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