

N24728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

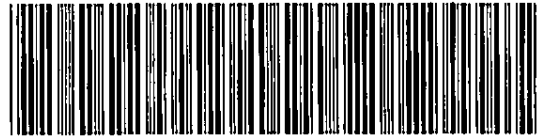
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R A / R u / c h g

JUN 08 2018

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Episcopal Mental Health Ministries, INC. \_\_\_\_\_

Name of Corporation

**DOCUMENT NUMBER** N24728 \_\_\_\_\_

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:

Lorraine (Lorry) Herdeen \_\_\_\_\_

Name of Contact Person

St. Laurence Chapel Homeless Shelter Firm/Company

1698 Blount Road \_\_\_\_\_ Address

Pompano Beach, Florida 33059  
City/State and Zip Code

exedir@stlaurencechapel.org \_\_\_\_\_

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

For further information concerning this matter, please call:

Lorry Herdeen \_\_\_\_\_ ( 954 ) 684-4832  
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  
Corporations P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (03/12)

**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: INC.  
Episcopal Mental Health Ministries,

The principal office address: 1698 Blount Road, Pompano Beach, Fl., 33069

The mailing address (if different): same

3. Date of incorporation/qualification: Feb.8, 1988 Document number: N24728

4. 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) resigned

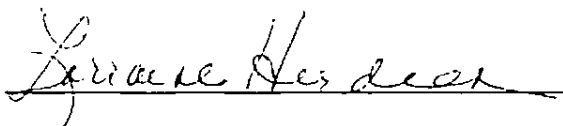
Laura Maclaren  
1171 SW 8<sup>th</sup> street  
Boca Raton, Fl., 33486

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

Mrs. Janice Lavrar  
1698 Blount Road  
Pompano Beach, Fl., 33069

P.O. Box NOT acceptable

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.

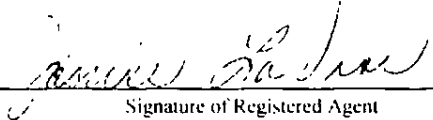


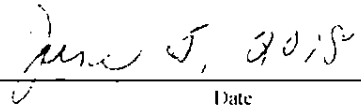
Lorraine Herdeen, Executive Director

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TALLAHASSEE, FLORIDA

*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

  
\_\_\_\_\_  
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

(03/12)