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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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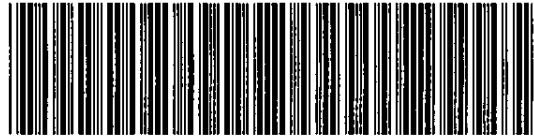
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lutheran Social Services of North Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: N31052

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:

Julia Harris

Name of Contact Person

Lutheran Social Services of North Florida, Inc.

Firm/Company

606 West 4th Ave. Suite 11

Address

Tallahassee, FL 32303

City/State and Zip Code

JuliaHarris@lssnf.org

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

For further information concerning this matter, please call:

Julia Harris

Name of Contact Person

at (850) 575-4309

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: Lutheran Social Services of North Florida, Inc. 606
2. The principal office address: 606 West 4th Ave. Suite 11 Tallahassee FL 32303

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/08/1989 Document number: N31052

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)

Leah Sandridge-resigned

606 W. 4th Avenue Suite 11

Tallahassee, FL 32303

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

Julia Harris
606 W. 4th Avenue Suite 11
Tallahassee, FL 32303
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.

[Signature]
Signature of an officer or director

Julia Harris Executive 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.

[Signature]
Signature of Registered Agent

9/13/12
Date

If signing on behalf of an entity:

Julia Harris Executive Director Lutheran Social Services
OF North Florida, Inc
Typed or Printed Name

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