713261

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, , , ,				
PICK-UP WAIT MAIL				
(D)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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DEFERENCE STATE
NYISION OF CORPORATION
TALLAHASSES, FLORIDA

9 OCT 1,5 AM 11: 24



C.COULLIETTE

OCT 16 2009

EXAMINER



1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

October 15, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7677194 SO

Customer Reference 1:

COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Hallandale Moose Lodge No 668, Loyal Order Of Moose, Incorporated (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or nge is submitted for a corporation organized under the l r to change its registered office or registered agent, or b	laws of the State of Fl	lorida	<u>_</u>
1. The name of t	he corporation: Hallandale Moose Lodge No 668, Loyal O	rder Of Moose, Incorp	orated	
	office address: H ST. HALLANDALE BEACH FL 33009			
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification:08/28/67 Document number:			713261	
	street address of the current registered agent and registe tment of State: (If resigned, enter resigned)	red office on file with	h the	
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET TALLAHASSEE FL 32301		S. S.	5
			3000 3000 31000 3000	
6. The name and (if changed):	street address of the new registered agent (if changed) a	and /or registered offic	ري دوي دوي	U Ebring
	C T Corporation System		1 1 1 N	
	c/o C T Corporation System, 1200 South Pine Island Road))
	P.O. Box NOT acceptable Plantation, Florida 33324		معود بنر	
=	ess of its registered office and the street address of the be identical. as authorized by resolution duly adopted by its board one board, or the corporation has been notified in writin			agent,
	Kimberly Breunling, Vice President			
Signatur	e of an officer or director	rinted or typed name and titl	le ·	
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to d I am familiar with and accept the obligation of my p ng filed merely to reflect a change in the registered of been notified in writing of this change.	in this capacity. the proper and com ossition as registered fice address, I hereby	plete perfoi l agent. Or y confirm t	rmance ; if this hat the
By: Po To	Corporation System	10/15/09		
Rebecca Bar	nature of Registered Agent th Assistant Secretary half of an entity:	Date	,	-
	voed 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 (8/05)