## 724867

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	)
	_
PICK-UP WAIT	MAIL
(Business Entity Name	<u>,                                      </u>
(Business Entity Name	,
(Document Number)	
Certified Copies Certificates o	f Status
Special Instructions to Filing Officer:	
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Office Use Only



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10/15/09--01031--009 \*\*35.00





C.COULLIETTE

DCT 1 5 2009

**EXAMINER** 



CT 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 #: 7678122 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Sebring Lodge No 2259 Loyal Order of Moose, Inc. (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,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluw@r.com

## **COVER LETTER**

SUBJECT:	UBJECT: Sebring Lodge No 2259 Loyal Order Of Moose, Inc.					
	Name of Co	rporation				
DOCUMENT NUM	IBER:	224867				
The enclosed Statem	ent of Change of Registered Office	Agent and fee are submitted for filing.				
Please return all corr	espondence concerning this matter	to the following:				
	Name of Con	tact Person				
_	mpany					
Address						
-	City/State and	I Zip Code				
F	-mail address: (to be used for fu	ture annual report notification)				
For further informati	on concerning this matter, please ca	ıll:				
		at () Area Code & Daytime Telephone Number				
Name	e of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00	check made payable to the Departm	nent of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Amendment Section Division of Corporations	Amendment Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

~ J.

TO:

Amendment Section Division of Corporations

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

statement of cha	inge is submitted for a co	rporation organiz	, 607.1508, or 617.1508, Florida zed under the laws of the State of <u>_</u> red agent, or both, in the State of I	Florida	is	_
1. The name of	the corporation: Sebring I	Lodge No 2259 Lo	yal Order Of Moose, Inc.			
2. The principal						
	ddress (if different): 256 LORIDA FL 33857		-			
4. Date of incorp	ooration/qualification:	11/22/72	Document number:	72486	7	
5. The name and		rent registered ag	ent and registered office on file w			
	CORPORATION SERV	ICE COMPANY				
	1201 HAYS STREET TA	ALLAHASSEE FL	. 32301	<del>i</del> . •		
					0.60	
6. The name and (if changed):	l street address of the nev	w registered agent	(if changed) and /or registered of	fice S	CT 15	To The Part of the
	C T Corporation System				70	
	c/o C T Corporation Syst	tem, 1200 South Pi			l: 56	Way.
	Plantation, Florida 33324		ассерано	_		
The street address changed will	ess of its registered offic be identical.	ee and the street a	address of the business office of i	its registere	ed age	nt,
Such change was authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted tion has been not	by its board of directors or by arified in writing of the change.	n officer so	)	
	1/2/	`	Kimberly Breunling, Vice	e President		
Signatu	re of an officer or director		Printed or typed name and	title		_
I further agree of my duties, an document is bei	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec s been notified in writing	isions of all statu d accept the oblig ct a change in the	l agree to act in this capacity. tes relative to the proper and co gation of my position as registere registered office address, I here	mplete per ed agent. ( eby confirm	forma Or, if i ı that	nce this the
By: Polici	Corporation System	tt_	10/15/2009			
Rebecca Bar	mature of Registered Agent oth, Assistant Secre chalf of an entity:	tary	Date			_
Т	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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