727218

(Re	questor's Name)	
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OF STATE OF STA





ACCOUNT NO. : 072100000032 REFERENCE : 321056 7394358 AUTHORIZATION COST LIMIT ORDER DATE: November 15, 2007 ORDER TIME : 9:42 AM ORDER NO. : 321056-080 CUSTOMER NO: 7394358 CHANGE OF AGENT NAME: ARCADIA LODGE NO. 1327, LOYAL ORDER OF MOOSE, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY _ PLAIN STAMPED COPY CONTACT PERSON: Debbie Skipper -- EXT# 2948

EXAMINER:

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: ARCADIA LODGE NO. 1327, LOYAL ORDER OF MOOSE, INC.
2. The principal of	office address: 1121 W. Oak Street, Arcadia, FL 34266
3. The mailing ad	ldress (if different):
4. Date of incorpo	oration/qualification: 08/21/1973 Document number: 727218
5. The name and Florida Departs	street address of the current registered agent and registered office on file with the ment of State:
	Carl Gause
	4810 NW HWY 72, #215
	Arcadia, FL 34266
6. The name and (if changed):	Arcadia, FL 34266 Street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addres	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Moures (Signatur	Maureen Cullen, Attorney In Fact (Printed or typed name and title)
I further agree to of my duties, and document is beir corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance I I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. Service Company
By: W	halla Control 11-14-07 nature of Registered Agent) (Date)
If signing on bel	nalf of an entity:
Michelle R. Vann	oy, Assistant Vice President
(T)	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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