| | 474 | 77 |
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| i Re | questor's Name | |
| - | Address | |
| | 942-1556 | |
| City/State/ | Zip Phone # | Office Use Only |
| CORPORATION | NAME(S) & DOCKINGENG NAME | L |
| CORTORATION | NAME(S) & DOCUMENT NUM | IBER(S), (if known): |
| 1. | | 747407 |
| | oration Name) (Do | cument #) |
| 2(Corp. | oration Name) (Do | cument #) |
| 3. | | Chanse \$ 50 z |
| (Согра | oration Name) (Do | cument #) |
| 4(Corpo | oration Name) (Do | cument #) |
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| ☐ Walk in ☐ | Pick up time | Certified Copy |
| ☐ Mail out ☐ | Will wait Photocopy | Certificate of Status |
| NEWFILINGS | AMENDMENTS | S S T |
| Profit | Amendment | |
| NonProfit | Resignation of R.A., Officer/ Direct | SEE D |
| Limited Liability | Change of Registered Agent | or P. S. S. |
| Domestication | Dissolution/Withdrawal | |
| Other | Merger | · · · · · · · · · · · · · · · · · · · |
| The state of the s | | |
| OTHER FILINGS | REGISTRATION/ | 7000029841171 -09/10/9901058020 |
| Annual Report | Foreign | ****210.00 *****35.00 |
| Fictitious Name Name Reservation | Limited Partnership | |
| Trans reservation | Reinstatement | |
| | Trademark | • · |
| | Other | |
| _ | | A. J. S |

Examiner's Initials

ADR

OLIGIES

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, the undersigned corporation organized under the laws of the State of $\frac{1}{2}$ |
|--|
| submits the following statement in order to change its registered office or registered agent, or both, in |
| the State of Florida. |
| 1. The name of the corporation is: LEESBURG LODGE #1271_ LOYAL ORDER OF MOOSE, |
| |
| 2. The mailing address of the corporation is: P.o. Box 440537 |
| LEESburg FlA. 34749-0537 |
| 3. Date of incorporation/qualification: |
| 4. The name and address of the current registered agent and office: |
| CT CORPORATION SYSTEM |
| 1200 SOUTH PINE ISLAND ROAD |
| PLANTATION, FL. 33324 |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) |
| LEXIS DOCUMENT SERVICES INC. |
| 3953 WW KELLEY ROAD |
| TALLAHASSEE, FL. 32301 32311 |
| 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. |
| Lough f. Clinder 8-9-99 |
| (Signature of an officer, chairman or vice chairman of the board) (Date) |
| Jouglos P. Clendenney Administrator (Printed or typed name and title) |
| |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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. |
| Roberta Herslin (Signature of Registered Agent) (Date) |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| Krbecca Heisler (Capacity) (Typed or Printed Name) (Capacity) |
| (Typed or Printed Name) (Capacity) |
| * * * FILING FEE: \$35.00 * * * |

CR2E045(7/97)