747407

. (Requestor's Name)
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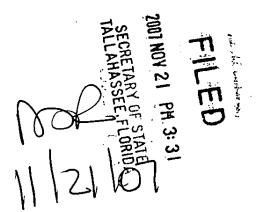
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SERVICE COMPANY				
ACCOUNT NO. : 07210000032				
REFERENCE : 321056 7394358				
AUTHORIZATION Spelle man				
COST LIMIT : \$35.00				
ORDER DATE : November 15, 2007				
ORDER TIME : 10:21 AM				
ORDER NO. : 321056-360				
CUSTOMER NO: 7394358				
CHANGE OF AGENT				
NAME: LEESBURG LODGE #1271 LOYAL ORDER OF MOOSE				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX 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 ch	ange is submitted for a corporat	2 , 617.0502 ; 607.1508 , or 617.1508 , Florida tion organized under the laws of the State of $\underline{\underline{\underline{\underline{I}}}}$ or registered agent, or both, in the State of $\underline{\underline{\underline{I}}}$	Florida
1. The name of	the corporation: LEESBURG LO	ODGE #1271 LOYAL ORDER OF MOOSE	
	l office address: P. O. Box 4905		·
3. The mailing	address (if different):		
4. Date of incom	poration/qualification: 05/29/19	Document number: 747407	
	d street address of the current re	egistered agent and registered office on file w	ith the
	C T Corporation System		_
	1200 South Pine Island Road		_
	Plantation, FL 33324		_
6. The name an (if changed):		stered agent (if changed) and /or registered of	FILE D 2001 NOV 21 PH 3: 3 SECRETARY OF STAT TALLAHASSEE, FLORI
	Corporation Service Company		IOV 2
	1201 Hays Street	OT acceptable)	SSET F
		OT acceptable)	FEST
The street addr as changed wil	ress of its registered office and ll be identical.	the street address of the business office of i	its registered agent,
Such change wauthorized by	vas authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or by an as been notified in writing of the change.	n officer so
Maurae	ture of an officer or director)	Maureen Cullen, Attorney In Fact	
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered to comply with the provisions nd I am familiar with and acce sing filed merely to reflect a ch as been notified in writing of th	d agent and agree to act in this capacity. of all statutes relative to the proper and co ppt the obligation of my position as register ange in the registered office address. I here	·
By: $\mathcal{M}_{\mathcal{K}}$	on Service Company Light Logistered Agent)	1	
If signing on b	ehalf of an entity:	J	
	nnoy, Assistant Vice President (Typed or Printed Name)		
	(-) para or a common commonly		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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