N94000002811

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



300161438413

10/15/09--01006--015 **35.00



OP OCT 15 PM 1:49

R.A. Change C.COULLIETTE

001 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 #: 7676785 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

MANATEE MOOSE LEGION NO. 58 (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@wolterskluwer.com

ON CHANCE OF BUILDING

COVER LETTER

Amendment Section Division of Corporations

TO:

CUDIECT.	Manatee Moose Legio	n No. 58, Inc.					
Name of Corporation							
DOCUMENT NUMBE	ER:N94	4000002811					
		e/Agent and fee are submitted for filin	ıg.				
Please return all correspondence concerning this matter to the following:							
•	·	J					
	Name of Co	ntact Person					
Firm/Company							
Address							
City/State and Zip Code							
E-m	E-mail address: (to be used for future annual report notification)						
		. 11.					
For further information	concerning this matter, please of	call:					
Name	Contact Person	at ()_ Area Code & Daytime Telepho	no Number				
Name of	Contact Person	Area Code & Daytime Telepho	me Number				
Enclosed is a \$35.00 che	eck made payable to the Depart	tment 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 C	ircle				

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of cha	nge is submitted for a cor	poration organiz	607.1508, or 617.1508, Flori ed under the laws of the State ed agent, or both, in the State	of Florida
1. The name of t	he corporation: Manatee N	Aoose Legion No.	58, Inc.	·
2. The principal				
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 06/01/94 Document number:				N94000002811
	I street address of the curr tment of State: (If resigne		ent and registered office on file)	e with the
	CORPORATION SERVI	CE COMPANY		
	1201 HAYS STREET TALLAHASSEE FL 32301			
				— % 6.9 0
6. The name and (if changed):	street address of the new	registered agent	(if changed) and /or registered	d office Soft
	C T Corporation System			
	c/o C T Corporation Syste	em, 1200 South Pit	ne Island Road	
		P.O. Box NOT	acceptable	— D
	Plantation, Florida 33324			
The street address changed will	ess of its registered office be identical.	e and the street a	ddress of the business office	of its registered agent,
Such change wa authorized by the	as authorized by resolution board, or the corporation	on duly adopted ion has been noti	by its board of directors or b fied in writing of the change	y an officer so
Kimberly Breunling, Vic				
_	re of an officer of director	_4 # # #	Printed or typed name	
of my duties, an document is bei	the appointment as regi- to comply with the provi- to I am familiar with and ng filed merely to reflect s been notified in writing	l accept the oblig ta change in the	agree to act in this capacity tes relative to the proper and tation of my position as regis registered office address, I l	l complete performance stered agent. Or, if this hereby confirm that the
By: Roll	Corporation System	ith	10/15/09	9
Rebecca Bar	nature of Registered Agont rth Assistant Secreta half of an entity:	ary	Date	
	vned 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

FL006 - 07/23/2009 C T System Online