Current Prin 5591 NW 51 AV COCONUT CRI				
Current Mai	ling Address:			
P.O. BOX 15 FORT LAUD	025 ERDALE, FL 33318			
FEI Number: 31-1103284			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
RICKETTS, EDDISON 5591 NW 51 AVE COCONUT CREEK, FL 33073 US				
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE: EDDISON RICKETTS				
	EDDISON RICKETTS			03/19/2015
	Electronic Signature of Registered Agent			03/19/2015 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	TREASURER	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	TREASURER CUMMINGS, CATHY	
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : PRES			
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRES RICKETTS, EDDISON	Name	CUMMINGS, CATHY P. O. BOX 15025	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRES RICKETTS, EDDISON P.O. BOX 15025	Name Address	CUMMINGS, CATHY P. O. BOX 15025	
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRES RICKETTS, EDDISON P.O. BOX 15025 PLANTATION FL 33318	Name Address City-State-Zip:	CUMMINGS, CATHY P. O. BOX 15025 PLANTATION FL 33318	
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRES RICKETTS, EDDISON P.O. BOX 15025 PLANTATION FL 33318 VP	Name Address City-State-Zip: Title	CUMMINGS, CATHY P. O. BOX 15025 PLANTATION FL 33318 CHAPLAIN	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

## SIGNATURE: EDDISON RICKETTS

Electronic Signature of Signing Officer/Director Detail

Date

## 2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N0300001893

Entity Name: FRATERNAL ORDER OF POLICE BROWARD ATLANTIC COAST LODGE #53, INC.

SERGEANT AT ARMS

SCHLEGEL, ROBERT

P.O. BOX 15025

City-State-Zip: PLANTATION FL 33318

Title

Name

Address