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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850)222-1092 : (850)878-5368

\*\*Enter the email address for this business entity to be used for futurer er the email address for this business energy to the annual report mailings. Enter only one email address please

Email Address:

REGISTERED AGENT CHANGE LAKE WORTH LODGE NO. 994, LOYAL ORDER OF MOOSE

Certificate of Status	0
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1/14/2010

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## **COVER LETTER**

TO: Amendm Division	ent Section of Corporations	
SUBJECT:	Lake Worth Lodge No. 994, Lo	yyal Order Of Moose
<u></u>	Name of Co	poration
DOCUMENT N	umber:	O7823
The enclosed Stat	ement of Change of Registered Office/	Agent and fee are submitted for filing.
	orrespondence concerning this matter (	
	Name of Cont	act Person
	Firm/Con	npany
	Addre	88
	City/State and	Zip Code
_	ahermann@moo	_
_	E-mail address: (to be used for fut	ure annual report notification)
For further informa	ation concerning this matter, please cal	1:
		at ()
Nar	ne of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	0 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

PL006 - 07/33/2009 C 7 Systemi Califee

CR2E045 (8/05)

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

statement of change is subn	nitted for a corp	oration organiz	, 607.1508, or 617.1508, Florida Steed under the laws of the State of F	lorida
	-	-	ed agent, or both, in the State of Fl	orida.
1. The name of the corporat				
2. The principal office address 4844 BOWMAN STREE				
3. The mailing address (if di	iffcrent):	<u>,</u>		
4. Date of incorporation/qua	lification:	09/16/1964	Document number.	707823
5. The name and street addre Florida Department of Sta			nt and registered office on file with	the
CORPORA	TION SERVIC	E COMPANY		t
. 1201 HAYS	1201 HAYS STREET TALLAHASSEE FL 32301-2525			
				SECRETALLAHAR
6. The name and street addre (if changed):	ess of the new p	ogistered agent (	(if changed) and /or registered offic	e Paris
C T Corporation System				
c/o C T Cor	poretion System	, 1200 South Pin		2: 32 RRDA
		P.O. Box NOT ac	oceptable	
<del></del>	lorida 33324			
n.			dress of the business office of its	
authorized by the board, or	he corporation	has been notifi	y its board of directors or by an or led in writing of the change.	incer so
	2		Kimberly Breunling, Vice Pr	
Signature of the officers  I hereby accept the appoints  I further agree to comply wit  of my duties, and I am famil  document is being filed mero  corporation has been notifie	hent as registe th the provisio lar with and ac ity to reflect a d in writing of	red agent and a ns of all statute cept the obliga change in the r this change.	Profiled or typed teims and talle serve to act in this capacity. s relative to the proper and comp tion of my position as registered of egistered office address, I hereby	lete performance igent. Or, if this confirm that the
By: ST Corporation S	C T Corporation System			
Signature of Register	•	1.f., 1.f.	Date	
If signing on behalf of an en	de Bernadet	te McNama	Tå.	
		nt Secretary		
Typed or Printed N		Piling FEE:	£3£ 00 ₩ # #	
MAN			DA DEPARTMENT OF STATE	
MAIL TO: DIVE	SION OF CORPO	PRATIONS, P.O.	Box 6327, Tallahassee, FL 32	314

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