## 710187

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

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RECEIVED



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 #: 7678451 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Stuart Lodge No. 1282, Loyal Order of Moose, Inc. (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

## **COVER LETTER**

TO:	Amendment Division of	nt Section f Corporations						
SUBJECT: Stuart Lodge No 1282, Loyal Order Of Moose, Inc.								
SUDJ.	EC1	Name of Corp	oration					
DOC	JMENT NU	MBER:	187					
		ment of Change of Registered Office/A	gent and fee are submitted for filing.					
Please	return all co	orrespondence concerning this matter to	the following:					
		Name of Contac	et Person					
		Firm/Comp						
		Firm/Comp	any					
Address								
City/State and Zip Code								
	-	E-mail address: (to be used for futu	re annual report notification)					
For fu	rther informa	ation concerning this matter, please call:						
	Nai	ne of Contact Person	at () Area Code & Daytime Telephone Number					
Enclos	sed is a \$35.0	00 check made payable to the Departme	nt of State.					
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

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 corpor	ation organized	07.1508, or 617.1508, Florida Statunder the laws of the State of Flor Bounder the laws of the State of Flor Boundary or Both, in the State of Flor	rida	<u> </u>	-
1. The name of t	ne corporation: Stuart Lodge N	No 1282, Loyal C	Order Of Moose, Inc.			
2. The principal						
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification:	01/10/66	_ Document number:	710187	1	
	street address of the current ament of State: (If resigned, e		and registered office on file with	the		
	CORPORATION SERVICE	COMPANY				
	1201 HAYS STREET TALLAHASSEE FL 32301				60	
					OCT I	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered offic				5 P#	
	C T Corporation System				1 2: 4	ا مرابع الادروب
	c/o C T Corporation System,	1200 South Pine	Island Road		ည်	
		P.O. Box NOT acc	eptable	-		
	Plantation, Florida 33324					
The street addre as changed will	ss of its registered office and be identical.	d the street add	ress of the business office of its r	egistere	d agen	ıt,
Such change wa authorized by th	s authorized by resolution de board, or the corporation	uly adopted by has been notifie	its board of directors or by an of d in writing of the change.	ficer so		
	2		Kimberly Breunling, Vice Pr	esident		_
•	of an other or director	$\overline{}$	Printed or typed name and title			
I furthér agrée t of my duties, an document is bei corporation has		ed agent and as s of all statutes sept the obligat hange in the re his change.	ree to act in this capacity, relative to the proper and complion of my position as registered a gistered office address, I hereby	lete perf igent. C confirm	orman r, if th that th	ce iis ie
By: C T Corporation System						
Rebecca Bar	nature of Registered Agent th, Assistant Secretary half of an entity:	<del></del> -	Date			-
	med or Brinted 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 CR2E045 (8/05)