712391

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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C.COULLIETTE

OCT 15 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 #: 7678736 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

West Dade Lodge No. 1825, Loyal Order of Moose, Incorporated (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.

1. B. Charles ...

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

Division of C	Corporations	
SUBJECT:	West Dade Lodge No. 1825 Loyal C	Order of Moose, Incorporated
Scholett	Name of Corp	oration
DOCUMENT NUM	BER:	2391
The enclosed Statem	ent of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all corr	espondence concerning this matter to	the following:
	Name of Contac	et Person
-	Firm/Comp	anv
	· · · · · · · · · · · · · · · · · · ·	
-	Address	3
_		
	City/State and 2	Zip Code
E	-mail address: (to be used for futu	re annual report notification)
For further informati	on concerning this matter, please call	:
		**(
Name	of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Departme	nt 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

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

· . . .

TO:

Amendment Section

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

statement of chai	nge is submitted for a co to change its registered	rporation organized office or registered	107.1508, or 617.1508, Florid I under the laws of the State of I agent, or both, in the State of	of Florida of Florida.	-
1. The name of the	ne corporation: West Dad	e Lodge No. 1825 L	oyal Order of Moose, Incorpo	rated	
2. The principal of 9900 SW 77T	office address: H AVENUE MIAMI FL 3				
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification:	03/13/67	Document number:	712391	
	street address of the curtiment of State: (If resigned	•	t and registered office on file	with the	
	CORPORATION SERV	ICE COMPANY			
	1201 HAYS STREET TA	ALLAHASSEE FL 3	2301	TAEE	
				— PART	1
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registered		Connection of the Control of the Con
	C T Corporation System			- 10 PM 12:	
	c/o C T Corporation Syst	em, 1200 South Pine			CHAS
	Plantation, Florida 33324				
The street addre as changed will	ss of its registered offic be identical.	e and the street add	dress of the business office of	of its registered ager	nt,
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by	y its board of directors or by ed in writing of the change.	an officer so	
1		,	Kimberly Breunling, V	ice President	
Signatur	e of an officer of director		Printed or typed name a	nd fitle	_
of my duties, and document is bei	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	d accept the obliga t a change in the r	gree to act in this capacity. s relative to the proper and tion of my position as regist egistered office address, I he	complete performan ered agent. Or, if to ereby confirm that to	ıce his he
By: h CTC	Corporation System	tt-	10/15/2009	9	
•	nature of Registered Agent th, Assistant Secre	tarv	Date		_
If signing on bel		1			
ту	rped 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
CR2E045 (8/05)