712618

(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



000161428120

10/15/09--01045--003 **35.00

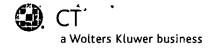
KOT "NICKADED TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATION

R.A. Charge C.COULLIETTE OCT 1.6 2009

EXAMINER





CT 1203 Governors Square Blvd. T**a**llahassee, 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 #: 7677763 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Pompano Beach Lodge No. 2157, 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

Amendment Section Division of Corporations

TO:

	Dammana Dasah Ladas Na 2157 Laya	l Ouden of Moore Tree				
SUBJECT:	BJECT: Pompano Beach Lodge No. 2157 Loyal Order of Moose, Inc. Name of Corporation					
DOCUMENT NUMBER:						
	ement of Change of Registered Office/A	gent and fee are submitted for filing.				
	orrespondence concerning this matter to					
	Name of Contac	t Person				
Firm/Company						
Address						
	City/State and Zip Code					
City/State and Zip Code						
-	E-mail address: (to be used for future annual report notification)					
		•				
For further information	ation concerning this matter, please call:					
	,	at (
Na	me of Contact Person	at () Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	00 check made payable to the Departme	nt 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

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Florida i d under the laws of the State of d agent, or both, in the State of F	Florida
1. The name of t	he corporation: Pompano	Beach Lodge No. 2	157, Loyal Order of Moose, Inc.	
2. The principal				
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification:	04/19/67	Document number:	712618
	street address of the curr tment of State: (If resigne		nt and registered office on file wi	th the
	CORPORATION SERVI	CE COMPANY		
	1201 HAYS STREET TA	LLAHASSEE FL	32301	99 OC:
6. The name and (if changed):	street address of the new	registered agent (if changed) and /or registered of	
	C T Corporation System			1 :2 : II
	c/o C T Corporation Syste	em, 1200 South Pine		
	Plantation, Florida 33324		no partie	
The street addre	ss of its registered office be identical.	e and the street ad	dress of the business office of i	- ts registered agent,
Such change wa authorized by th	is authorized by resolution board, or the corporate	on duly adopted b	y its board of directors or by an its in writing of the change.	officer so
	1/2/		Kimberly Breunling, Vice	
I hereby accept I further agree t of my duties, an document is bei	e of an officer or director the appointment as regi o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statute accept the obliga t a change in the r of this change.	Printed or typed name and t agree to act in this capacity is relative to the proper and con tion of my position as registere registered office address, I here	
By: DCT Corporation System 10/15/2009				
Signature of Registered Agent Date Rebecca Barth, Assistant Secretary				
	half of an entity:	1		
	/ped 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)