## 718295

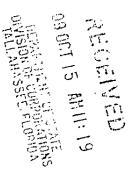
(Requestor's Name)  (Address)  (Address)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

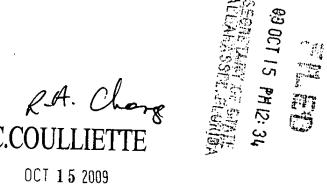
Office Use Only



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10/15/09--01006--023 \*\*35.00





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:

Venice Lodge No. 1308, 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**

Division of C	Corporations			
SUBJECT:	Venice Lodge No. 1308, Loyal Or	der Of Moose, Inc.		
SCHOLECT.	Name of Corp	oration		
DOCUMENT NUM	IBER:	3295		
	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 Contact	ot Person		
	Name of Contac	( 1 G 5 G 1		
_	Firm/Comp	any		
_	Addres			
City/State and Zip Code				
Ē	E-mail address: (to be used for futu	re annual report notification)		
For further informati	on concerning this matter, please call			
	,	at () Area Code & Daytime Telephone Number		
Name	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00	check made payable to the Departme	nt of State.		
	Mailing Address:	Street Address:		
	Amendment Section Division of Corporations	Amendment Section Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

CR2E045 (8/05)

TO: Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of $\underline{F}$ to change its registered office or registered agent, or both, in the State of Fl	lorida	his	_
1. The name of t	he corporation: Venice Lodge No. 1308, Loyal Order Of Moose, Inc.			
2. The principal	office address:			
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification:03/30/70Document number:			718295	
	street address of the current registered agent and registered office on file with trnent of State: (If resigned, enter resigned)	h the چن		
	CORPORATION SERVICE COMPANY		<b>3</b> 5	
	1201 HAYS STREET TALLAHASSEE FL 32301		)CT 15	Control of the Contro
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	E SINE	PH 12: 34	district of the second
	C T Corporation System  c/o C T Corporation System, 1200 South Pine Island Road	***		
	P.O. Box NOT acceptable  Plantation, Florida 33324			
The street addre as changed will	ss of its registered office and the street address of the business office of its be identical.	registe	red age	ent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.	officer s	30	
N:	Kimberly Breunling, Vice		t	_
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and com d I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	plete pe l agent.	rforma Or, if m that	ince this the
ву: 12 № Т.	Corporation System 10/15/2009			
Sign Rebecca Bar	nature of Registered Agent Date th, Assistant Secretary half of an entity:			_
Ту	vped 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)