724060

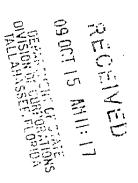
(Req	uestor's Name)	
,	· ,	
(Add	lress)	
(Add	lress)	· · · · · ·
(0)	101 1 77: 101	10
(City	/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)
(Doc	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200161438422

10/15/09--01006--016 **35.00

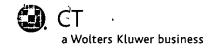


e.A. Clog C.COULLIETTE

OUT 1 5 2009

EXAMINER





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 #: 7676785 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Mandarin Lodge No. 42, 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:

SUBJECT:	Mandarin Lodge No. 42, Loyal Order Of Moose, Inc. Name of Corporation					
	Name of Cor	poration				
DOCUMENT NU	CUMENT NUMBER: 724060					
The enclosed States	ment of Change of Registered Office/	Agent and fee are submitted for filing.				
Please return all co	rrespondence concerning this matter t	o the following:				
	Name of Cont	act Person				
Firm/Company						
	Address					
	City/State and	Zip Code				
_	E-mail address: (to be used for future annual report notification)					
For further informa	ation concerning this matter, please ca					
Nar	ne of Contact Person	at () Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	00 check made payable to the Departm	nent 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 cor r to change its registered	poration organize office or registere	507.1508, or 617.1508, Flori d under the laws of the State d agent, or both, in the State	of Florida		
1. The name of t	he corporation: Mandarin	Lodge No. 42, Loy	al Order Of Moose, Inc.			
2. The principal						
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification:	08/08/72	Document number:	724060		
	street address of the curr tment of State: (If resigne		nt and registered office on file	with the		
	CORPORATION SERVI	CE COMPANY				
	1201 HAYS STREET TA	LLAHASSEE FL	32301	99 OCT		
6. The name and (if changed):	street address of the new	registered agent (if changed) and /or registered	15 PH 1: 48		
	C T Corporation System					
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable					
	Plantation, Florida 33324					
			dress of the business office			
Such change wa authorized by th	is authorized by resolution is authorized by resolution in the corporation.	on duly adopted b ion has been notif	y its board of directors or by ied in writing of the change.	an officer so		
	2		Kimberly Breunling, V	Vice President		
I hereby accept	e of an officer of 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 c sions of all statute l accept the obliga t a change in the r of this change.	Printed or typed name a agree to act in this capacity, as relative to the proper and attion of my position as regis begistered office address, I h			
By: Do F Corporation System 10/15/09			ı			
_	nature of Registered Agent th Assistant Secreta	arv	Date			
	half of an entity:	<u>,</u>				
	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)