Division of Corporations

724490

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Florida Department of State

Division of Corporations Public Access System

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CELCEINED

REGISTERED AGENT CHANGE

ROYAL PALM BEACH LODGE NO. 2245, LOYAL ORDER OF MOOS

| Certificate of Status | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| this statement of change is submitted for a Florida in order to change | | | | |
|---|---|--|--|---------------------------------------|
| of Florida, | | - | - : | |
| 1. The name of the corporation: ROYALP | alm beach lo | DGE NO. 2245, LOY | AL ORDER OF M | OOSE, INC. |
| 2. The principal office eddress: 828 "F" Re | | | | |
| | | | - | · · · · · · · · · · · · · · · · · · · |
| 3. The mailing address (if different): | | | | |
| 4. Date of incorporation/qualification: 16/0 | 5/72 | Document nu | mber: 724490 | |
| 5. The name and street address of the cum Florida Department of State: LEXIS 1 | eni registered ap | | office on file wi | |
| 39. | 33 WW KELLEY | ROAD | | بر تة. |
| TAILAHASSER FL 32301 | | | ; | .•. |
| The name and street address of the nu changed): | | | nd /or registere | d office (ii |
| | T Corporation Sy | Stein | | |
| | C T Corporation t | | _ | |
| (F.O. Box or personal malibox NOT acceptable) 1200 South Pine Island Road, Plantation, Florida 33324 | | | ; | |
| | | | | |
| The street address of its registered office agent, as changed will be identical. | | | | |
| Such change was authorized by resolution authorized by the board, or the corporation | | _ | L . | fficer so |
| physics of an other, shoulded of vice chairman of the box | ar <u>-E</u> z | Private of Space | ROYARY no stid bile) | · |
| hereby accept the appointment as regist further agree to comply with the provision further agree to comply with the provision for an amount of the comment is lighter address, I hereby confirm that the composition System | ered agent and ons of all statut iar with and acc teing filed mere orporation has | agree to act in this is relative to the preperties obligation by to reflect a charbeen notified in w | capacity, roper and comp of my position i ige in the regist riting of this cho | iete as ered mge. |
| Significant of Regulatoric Agent) | _ ' | 2/35/04 (Deta) | / | • |
| f signing on behalf of an entity: Jeff! | ey R. Grav | es ary | • | |
| (Typed or Fringed Name) | | (Capusit | y> | |
| **** | LING FEE: 33 | 5.60 * * * | | |

Make creeks payable to Florida Department of State and Mail to: Division of Coedgrations, P.O. Box 6327, Tallahassee, FL 32334