724490

| (1 | Requestor's Name) | |
|----------------------|----------------------|-----------|
| (/ | Address) | |
| (, | Address) | |
| (1 | City/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| | Business Entity Name | e) |
| | | |
| (| Document Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions | to Filing Officer: | |
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Office Use Only



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OFFICE OF COMPORATION
OFFICE OF COMPONION



R.A. Charge 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 #: 7678122 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Royal Palm Beach Lodge No. 2245, 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

Francisco Marchael & Eller

COVER LETTER

| TO: | | ent Section of Corporations | | | |
|------------------------|--------------|---|---------------------|--|--|
| SUBJ | ECT: | Royal Palm Beach Lo | dge No. 2245 Loy | al Order of Moose, Inc. | |
| | | | Name of Corp | oration | |
| DOC | JMENT N | UMBER: | 724 | 490 | |
| | | | | gent and fee are submitted for filing. | |
| Please | return all c | orrespondence concerni | ng this matter to | the following: | |
| | | | | | |
| Name of Contact Person | | | | | |
| | | anv | | | |
| | | | Firm/Comp | arry | |
| | Address | | | | |
| | | | | | |
| | | | City/State and 2 | ip Code | |
| | | E-mail address: (to b | e used for futu | re annual report notification) | |
| For fu | rther inforn | nation concerning this ma | atter, please call: | | |
| | N | ame of Contact Person | | Area Code & Daytime Telephone Number | |
| Enclos | ed is a \$35 | .00 check made payable | to the Departme | nt of State. | |
| | | Mailing Address: Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL | oorations | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

CR2E045 (8/05)

TO:

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 Stat inge is submitted for a corporation organized under the laws of the State of Flor ir to change its registered office or registered agent, or both, in the State of Flor | ida | · | • |
|---|--|---------------------------------|------------------------------|--------------------------------------|
| 1. The name of | the corporation: Royal Palm Beach Lodge No. 2245 Loyal Order of Moose, Inc. | | | |
| 2. The principal | office address:ATCHEE FL 33470 | | _ | |
| _ | uddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 10/05/72 Document number: | 724490 | 1 | |
| 5. The name and | d street address of the current registered agent and registered office on file with tement of State: (If resigned, enter resigned) | he | | |
| | CORPORATION SERVICE COMPANY | | , | |
| | 1201 HAYS STREET TALLAHASSEE FL 32301 | | | |
| | | ME SECO | 09 OCT | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | AH SSS | CT 15 | 16 ⁻ 14191 po solar |
| | C T Corporation System | | | £.4 |
| | c/o C T Corporation System, 1200 South Pine Island Road | | Ÿ | |
| | P.O. Box NOT acceptable | | 8 | |
| | Plantation, Florida 33324 | | | |
| The street address changed will | ess of its registered office and the street address of the business office of its rebe identical. | egistered | i agen | t, |
| Such change was authorized by | as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. | ficer so | | |
| Signahi | Kimberly Breunling, Vice Property Printed or typed name and title | esident | | • |
| I hereby accept I further agree of my duties, an document is be | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby a been notified in writing of this change. | ete perfo gent. O confirm | orman r, if th that th | ce iis ie |
| By: Diff Corporation System 10/15/2009 | | | | |
| Rebecca Bar | nature of Registered Agent th, Assistant Secretary half of an entity: | | | • |
| Т | yped or Printed Name | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *