724867

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APPROVEL

R.A. Chorse

G. Godffette DEC 0 5 2007



ACCOUNT NO. : 072100000032 REFERENCE : 321056 7394358 AUTHORIZATION : COST LIMIT : ORDER DATE: November 15, 2007 ORDER TIME : 2:45 PM ORDER NO. : 321056-610 CUSTOMER NO: 7394358 _____ CHANGE OF AGENT SEBRING LODGE NO 2259 NAME: LOYAL ORDER OF MOOSE, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: ____

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register	ed under the laws of the S	tate of Florida
1. The name of	the corporation: SEBRING LODGE NO 22:	59 LOYAL ORDER OF M	OOSE INC
	office address: 11675 US 98, P. O. Box 16		
3. The mailing a	address (if different): PO Box 256, Lorida, F	FL 33857	
4. Date of incorp	poration/qualification: 05/15/1990	Document number	724867
	d street address of the current registered age rtment of State:	ent and registered office or	n file with the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		= = 0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company		ECRETARY OF STATE LLAHASSEE, FLORIDA
	1201 Hays Street		F STATE F STATE FLORIG
(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301		√
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business of	fice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted he board, or the corporation has been noti	by its board of directors of the cha	or by an officer so nge.
Mari	en Cullen	Maureen Cullen, Attorney	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	(Printed or typed agree to act in this capa tes relative to the proper tation of my position as registered office address	citu
(Sig	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:		
	noy, Assistant Vice President		
(1	Typed or Printed Name)		

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