## 725075

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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE
OFFICIAL OF STATE
2009 OCT 15 PH 12: 2

RA.Chonge C.COULLIETTE

OCT 16 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 #: 7676713 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Hialeah Lodge No 1074, 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,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com

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

statement of cha	inge is submitted for a cor	poration organiz	, 607.1508, or 617.1508, Flori zed under the laws of the State red agent, or both, in the State	of Florida
1. The name of	the corporation: Hialeah Le	odge No 1074, Lo	oyal Order Of Moose, Inc.	
2. The principal				
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	12/18/72	Document number:	725075
	d street address of the curr rtment of State: (If resigne		ent and registered office on file	with the
	CORPORATION SERVI	CE COMPANY		
	1201 HAYS STREET TA	LLAHASSEE FI	. 32301	<u> </u>
				\$\tilde{\Beta}_{\omega} \]
6. The name and (if changed):	d street address of the new	registered agent	t (if changed) and /or registered	I office ARA
	C T Corporation System			S 5 5
	c/o C T Corporation Syste	*		
	Plantation, Florida 33324	P.O. Box NOT	acceptable	HAIR ORID
The street address changed will	ess of its registered office	e and the street a	address of the business office	of its registered agent,
			by its board of directors or by ified in writing of the change.	
1	Kimberly Breunling, V			
Signature of an officer or director Printed or typed name				and title
I further agree of my duties, an document is bei	to comply with the provis	sions of all statu Laccept the oblig La change in the	l agree to act in this capacity, tes relative to the proper and gation of my position as regis registered office address, I h	complete performance tered agent. Or, if this ereby confirm that the
By: C T Corporation System 10/15/0				ŀ
Rebecca Bar	nature of Registered Agent orth Assistant Secreta chalf of an entity:	ary	Date	
т	yped 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)