

726317

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #) *RA*
3. _____ (Corporation Name) _____ (Document #) *Change*
4. _____ (Corporation Name) _____ (Document #)

FILED
99 MAY 20 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

900002853439--5
-04/27/99--01063--001
1540.00 **35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

DR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 3, 1999

LEXIS DOCUMENT SERVICES
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703

SUBJECT: PLANT CITY LODGE NO. 1668 LOYAL ORDER OF MOOSE, INC.
Ref. Number: 726317

We have received your document for PLANT CITY LODGE NO. 1668 LOYAL ORDER OF MOOSE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please give the title of the officer signing on behalf of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 099A00023715

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: PLANT CITY LODGE NO. 1668 LOYAL ORDER OF MOOSE, INC.

2. The mailing address of the corporation is: _____

3. Date of incorporation/qualification: 5/3/73 Document number: 726317

4. The name and address of the current registered agent and office:

RISK, LLOYD

2425 KEYSVILLE DR.

LITHIA, FL 33547 US

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

LEXIS DOCUMENT SERVICES INC.

3953 WW KELLEY ROAD

TALLAHASSEE, FL. 32301

FILED
99 MAY 20 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Andrew D. Gunter president
(Signature of an officer, chairman or vice chairman of the board)

4-17-99
(Date)

ANDREW GUNTER president
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Rebecca Heisler
(Signature of Registered Agent)

4-28-99
(Date)

If signing on behalf of an entity:

REBECCA HEISLER
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

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