## 727178

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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C.COULLIETTE

OCT 16 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 #: 7676902 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Miramar Lodge No. 1150, 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

## **COVER LETTER**

то:	Amendme Division of	ent Section of Corporations					
SUBJECT: Miramar Lodge No. 1150, Loyal Order Of Moose, Inc.							
5025	Name of Corporation						
DOC	U <b>MENT NU</b>	U <b>MBER:</b> 72°	7178				
The en	nclosed State	ement of Change of Registered Office/A	gent and fee are submitted for filing.				
Please	Please return all correspondence concerning this matter to the following:						
		Name of Conta	nt Parson				
Name of Contact Person							
Firm/Company			pany				
Address							
	City/State and Zip Code						
	-	E-mail address: (to be used for futu	re annual report notification)				
For further information concerning this matter, please call:							
			at () Area Code & Daytime Telephone Number				
	Na	me of Contact Person	Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.	00 check made payable to the Departme	ent of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

## 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 nge is submitted for a corporation organized under the r to change its registered office or registered agent, or	e laws of the State of Flor	rida			
1. The name of the corporation: Miramar Lodge No. 1150, Loyal Order Of Moose, Inc.						
2. The principal	office address:					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 8/15/1973 Docum	ent number:	727178			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)						
	CORPORATION SERVICE COMPANY					
	<b>2</b>					
			DOCT 15			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	C T Corporation System					
c/o C T Corporation System, 1200 South Pine Island Road						
	P.O. Box NOT acceptable					
	Plantation, Florida 33324					
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, or the corporation has been notified in writing of the change.						
	7 Ki	mberly Breunling, Vice Pr	esident			
Signatur	e of an officer of director	Printed or typed name and title				
I further agree to of my duties, an document is bei	the appdintment as registered agent and agree to ac to comply with the provisions of all statutes relative d I am familiar with and accept the obligation of my ng filed merely to reflect a change in the registered been notified in writing of this change.	et in this capacity. to the proper and compl position as registered a office address, I hereby	lete performance igent. Or, if this confirm that the			
By: POR	10/15/2009					
Rebecca Bar	Signature of Registered Agent Date Rebecca Barth, Assistant Secretary If signing on behalf of an entity:					
T	/ped 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 \* \* \*