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730882

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Special Instructions to	Filing Officer:	
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RA. Chorg C.COULLIETTE

OCT 16 2009

EXAMINIR



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 #: 7676713 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Interbay-Tampa Lodge No. 912, 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 change is sub	nitted for a corporation orga	502, 607.1508, or 617.1508, Florida S inized under the laws of the State of <u>F</u> stered agent, or both, in the State of Fl	lorida	
		No. 912, Loyal Order Of Moose, Inc.		
2. The principal office addr 3008 GANDY BLVD. T	ress:			
3. The mailing address (if o	lifferent):			w
4. Date of incorporation/qualification:10/08/74 Document number:		730882		
	ress of the current registered tate: (If resigned, enter resign	agent and registered office on file wit	h the	
CORPOR	ATION SERVICE COMPAN	Υ		
1201 HAY	'S STREET TALLAHASSEE	FL 32301	- 55.	
			NLL VIE)
6. The name and street add (if changed):	ress of the new registered ag	ent (if changed) and /or registered offi	Cession 1	n gran
C T Corpo	oration System			
c/o C T Co	orporation System, 1200 South			. । - o
Plantation	P.O. Box N , Florida 33324	NOT acceptable	*	
The street address of its reas changed will be identic	egistered office and the stree	et address of the business office of its ted by its board of directors or by an notified in writing of the change.		agent,
		Kimberly Breunling, Vice		
Signature of an office	or director	Printed or typed name and tit		—
I further agree to comply of my duties, and I am fan document is being filed m	with the provisions of all st	and agree to act in this capacity. atutes relative to the proper and com bligation of my position as registered the registered office address, I hereb ge.	plete perfor d agent. Or by confirm th	mance if this at the
By: P T Corporation	System	10/15/09		
Signature of Regi Rebecca Barth Assis	_	Date		
If signing on behalf of an	-			
Typed or Printe	d 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 * * *