## 732976

| (Requestor's Name)                       |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                 |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                        |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (Business Entity Name)                   |  |  |  |  |  |  |
| <b>,</b>                                 |  |  |  |  |  |  |
| (Decument Number)                        |  |  |  |  |  |  |
| (Document Number)                        |  |  |  |  |  |  |
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| Certified Copies Certificates of Status  |  |  |  |  |  |  |
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| Special Instructions to Filing Officer:  |  |  |  |  |  |  |
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Office Use Only



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10/15/09--01006--013 \*\*35.00



R.A. Change C.COULLIETTE

OCT 15 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 #: 7676785 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Loyal Order of Moose Gulf Gate Lodge # 608, 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

A STATE OF THE PARTY OF

## **COVER LETTER**

| то:  | Amendmo<br>Division  | ent Section<br>of Corporations  |   |  |  |  |  |
|--|--|---|---|--|--|--|--|
| SUBJECT: Loyal Order Of Moose Gulf Gate Lodge #608, Inc. |  |   |   |  |  |  |  |
| 000  |  | Name of Corp  | oration   |  |  |  |  |
| DOC  | UMENT N  | UMBER:  | 976   |  |  |  |  |
| The e  | nclosed Stat   | tement of Change of Registered Office/A                                   | gent and fee are submitted for filing.                                      |  |  |  |  |
| Please   | return all c   | correspondence concerning this matter to                                  | the following:  |  |  |  |  |
|  |  |   |   |  |  |  |  |
|  |  | Name of Contac  | t Person  |  |  |  |  |
|  |  |   |   |  |  |  |  |
| Firm/Company   |  |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
| Address  |  |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
|  | City/State and Zip Code  |   |   |  |  |  |  |
|  | E-mail address: (to be used for future annual report notification) |   |   |  |  |  |  |
| For fu   | rther inform   | nation concerning this matter, please call:                               |   |  |  |  |  |
|  |  |   | at () Area Code & Daytime Telephone Number                                  |  |  |  |  |
|  | Na   | ame of Contact Person   | Area Code & Daytime Telephone Number  |  |  |  |  |
| Enclo  | sed is a \$35  | .00 check made payable to the Departme                                    | nt 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                                    | nge is submitted for a cor  | poration organiz   | 607.1508, or 617.1508, Flori<br>ed under the laws of the State<br>ed agent, or both, in the State                                    | of Florida  |
|---|---|--|--|---|
| 1. The name of t                                    | he corporation: Loyal Ord   | ler Of Moose Gulf  | Gate Lodge #608, Inc.  |   |
|   | office address:   |  |  |   |
| 3. The mailing a                                    | ddress (if different):  |  |  |   |
| 4. Date of incorp                                   | poration/qualification:   | 06/06/75   | Document number:   | 732976  |
|   | I street address of the curr<br>tment of State: (If resigne   |  | ent and registered office on file )  | e with the  |
|   | CORPORATION SERVI   | CE COMPANY   |  |   |
|   | 1201 HAYS STREET TALLAHASSEE FL 32301   |  |  |   |
|   |   | · · · · · · · · · · · · · · · · · · ·                          |  |   |
| 6. The name and (if changed):                       |   |  | (if changed) and /or registered  | office Silver   |
|   | c/o C T Corporation Syste   |  |  |   |
|   | Plantation, Florida 33324   | P.O. Box NOT   | acceptable   |   |
| The street addre                                    | ess of its registered office<br>be identical.   | e and the street a   | ddress of the business office  | of its registered agent,  |
| Such change wa<br>authorized by th                  | as authorized by resolutine/board, or the corporat  | on duly adopted<br>ion has been noti                           | by its board of directors or be ified in writing of the change   | y an officer so   |
|   | /   |  | Kimberly Breunling,  |   |
| Signatu   | ro of an officer or director  |  | Printed or typed name  | and title   |
| I further agree to of my duties, an document is bei | the appointment as regi<br>to comply with the provi<br>ad I am familiar with and<br>ng filed merely to reflec<br>s been notified in writing | sions of all statul<br>I accept the oblig<br>t a change in the | agree to act in this capacity,<br>tes relative to the proper and<br>tation of my position as regis<br>registered office address, I h | complete performance<br>tered agent. Or, if this<br>tereby confirm that the |
| By: De gr   | •   |  |  |   |
| -   | nature of Registered Agent<br>th Assistant Secreta  | arv  | Date   |   |
|   | chalf of an entity:   |  |  |   |
| 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)