## 735205

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						

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**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 #: 7676713 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Lake City Lodge No. 624 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	provisions of sections 607.0502; inge is submitted for a corporati ir to change its registered office	ion organized unde or registered agen	r the laws of the State of $\overline{F}$ t, or both, in the State of Fi	lorida	is ——	_
1. The name of	the corporation: Lake City Lodge	No. 624 Loyal Ord	er of Moose, Inc.	<u>.</u>		
2. The principal			,		<del>- ,</del>	
_	ddress (if different): 1 LAKE CITY FL 32056					
4. Date of incorporation/qualification: 03/09/76 Document number:				735205		
	d street address of the current reg trment of State: (If resigned, enter		egistered office on file wit	h the		
	CORPORATION SERVICE CO	OMPANY		•		
	1201 HAYS STREET TALLAH	IASSEE FL 32301				
				⊠‰		
6. The name and (if changed):	l street address of the new regist	tered agent (if chan	ged) and /or registered offi	ce KS	09 OCT 15	as language
	C T Corporation System				5 PH	
	c/o C T Corporation System, 120	00 South Pine Island	Road		ŧ:	To the last
	P	O. Box NOT acceptable			15	-
	Plantation, Florida 33324			10.		
The street address changed will	ess of its registered office and t be identical.	the street address of	of the business office of its	s register	ed age	nt,
Such change wa authorized by th	as authorized by resolution duline board, or the corporation ha	y adopted by its be s been notified in v	oard of directors or by an writing of the change.	officer so	)	
			Kimberly Breunling, Vice			
	e of an officer of director		Printed or typed name and tit	le		_
I further agree i	the appointment as registered to comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha s been notified in writing of thi	of all statutes relat	ive to the proper and com	plete per d agent. ( y confirn	forma Or, if i 1 that i	nce his the
By: Of Corporation System  By: Part Against Ag			10/15/09			
Rebecca Bar	nature of Registered Agent th Assistant Secretary half of an entity:	<i></i>	Date			_
	yped 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 \* \* \*