735245

(Requestor's Name)							
(Address)							
(Address)							
(ladicos)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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10/15/09--01045--016 **35.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED
DEPARTHENT OF STATE
DIVISION OF CORPORATION

PA- Clarg 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 #: 7677763 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Orlando Lodge No. 766 Loyal Order of Moose, Inc. (F1.) 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

And the second

COVER LETTER

TO:	Amendmer Division of	nt Section f Corporations	
SURI	ECT:	Orlando Lodge No. 766 Loyal Or	der Of Moose, Inc.
2020		Name of Corp	oration
DOC	UMENT NU	MBER:	5245
		ment of Change of Registered Office/A	gent and fee are submitted for filing.
Please	return all co	rrespondence concerning this matter to	the following:
		Name of Conta	ct Person
		Firm/Comp	pany
	Address		S
	City/State and Zip Code		
		E-mail address: (to be used for futu	re annual report notification)
For fu	rther informa	tion concerning this matter, please call	:
			at () Area Code & Daytime Telephone Number
	Nan	ne of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.0	0 check made payable to the Departme	ent of State.
		Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
		P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

Tallahassee, FL 32314

والمنافي المسا

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, Florida St ted under the laws of the State of <u>Fl</u> ted agent, or both, in the State of Flo	orida	5	-
1. The name of t	he corporation: Orlando L	odge No. 766 Loy	val Order Of Moose, Inc.			
2. The principal						
3. The mailing a	ddress (if different):					
4. Date of incorporation/qualification: 03/12/			Document number: 735245			
	street address of the curre tment of State: (If resigne		ent and registered office on file with	the		
	CORPORATION SERVI	CE COMPANY				
1201 HAYS STREET TALLAHASSEE FL 32301						
					.05	
6. The name and (if changed):	street address of the new	registered agent	(if changed) and /or registered office	ORETATY AHASSI	09 OCT 15	E CHITTE
	C T Corporation System				7	an en peri
	c/o C T Corporation Syste			807 8778	2: 4	مون عا
	Plantation, Florida 33324	P.O. Box NOT	acceptable			
The street addre	ess of its registered office be identical.	and the street a	ddress of the business office of its	registered	d ager	ıt,
Such change wa authorized by/th	is authorized by resolution the board, on the corporati	on duly adopted on has been noti	by its board of directors or by an officed in writing of the change.	officer so		
ν			Kimberly Breunling, Vice I	President		
I hereby accept I further agree to of my duties, an document is bei	e of an office or director the appointment as regis to comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	ions of all status accept the oblig a change in the	Printed or typed name and till agree to act in this capacity. tes relative to the proper and compation of my position as registered registered office address, I hereby		orman r, if ti that t	- ice his he
By: C T Corporation System 10/15/2009						
Sig Rebecca Bar	nature of Registered Agent th, Assistant Secret	ary	Date	•		-
11 signing on be	half of an entity:					
T	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 * * *

Sec. 154.3