73674/

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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DEPAUSIMENT OF STATE OF VISION OF CURPORATION TALL AHASSES, FLORIDA

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R.A. Charge C.COULLIETTE

DC7 1 6 2009

EXAMINER



CT 1203 Governors Square Blvd. Tallahassee, FL 392301-2960 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 #: 7678736 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

West Palm Beach Lodge No. 1461, Loyal Order of Moose (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

the state of the s

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

TO:	Amendm Division	ent Section of Corporations		
SHRI	ECT:	West Palm Beach Lodge No.1461,	Loyal Order Of Moose	
БСБС	EC1	Name of Cor	poration	
DOC	UMENT N	UMBER:	36741	
The en	nclosed Star	tement of Change of Registered Office/.	Agent and fee are submitted for filing.	
Please	return all o	correspondence concerning this matter t	o the following:	
		Name of Cont	act Person	
		Firm/Con	npany	
		Addre	ge	
Address				
City/State and Zip Code				
		E-mail address: (to be used for fut	ure annual report notification)	
For fu	rther inforn	nation concerning this matter, please cal	11:	
			at () Area Code & Daytime Telephone Number	
	N	ame of Contact Person	Area Code & Daytime Telephone Number	
Enclo	sed is a \$35	.00 check made payable to the Departm	ent of State.	
		Mailing Address: Amendment Section	Street Address: Amendment Section	
		Division of Corporations P.O. Box 6327	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 chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu nge is submitted for a corporation organized under the laws of the State of Flori to change its registered office or registered agent, or both, in the State of Floria	da		
1. The name of the	ne corporation: West Palm Beach Lodge No.1461, Loyal Order Of Moose	··		
2. The principal	office address:ERE ROAD WEST PALM BCH FL 33470	• .		
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification:09/02/76Document number:	736741		
	street address of the current registered agent and registered office on file with thement of State: (If resigned, enter resigned)	e		
	CORPORATION SERVICE COMPANY	 1		
	1201 HAYS STREET TALLAHASSEE FL 32301	SECT	ē9 0(إمالية
		HASSE	CT 15	elana A Men
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		AM	
	C T Corporation System	OK.	: 29	*41.75
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable	25-1-27: CC 1-27:		
	Plantation, Florida 33324			
The street addre as changed will	ss of its registered office and the street address of the business office of its rebe identical.	gistered	agent,	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an off board, or the corporation has been notified in writing of the change.	icer so		
	Kimberly Breunling, Vice Pres	sident		
I hereby accept I further agree t of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered as ng filed merely to reflect a change in the registered office address, I hereby c been notified in writing of this change.	te perfor gent. Or onfirm to	rmance ; if this hat the	9
By: Of Corporation System 10/15/2009				
	nature of Registered Agent Date th, Assistant Secretary			
	half of an entity:			
ту	rped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (8/05)