737292

(Requestor's Name)					
(Ad	dress)	·····			
(Address)					
•	•				
(0)	101-1-17% IDI				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	e)			
(Do	cument Number)				
(50	ourners rumber,				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filina Officer:	·			
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Office Use Only



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09 OCT 15 AM II: 24

RA. Change C.COULLIETTE

OCT 16 2009

EXAMINER



CT

1203 Governors Square Blvd.

850 222 1092 tel 850 222 7615 fax

▼ Tallahassee, FL 32301-2960 -

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:

Winter Haven Lodge No. 1023, 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,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

Amendment Section Division of Corporations

TO:

Winter Haven Lodge No. 1023, Loyal Order Of Moose, Inc.						
SUBJECT	Name of Corporation					
DOCUMENT NUMB	737292					
The enclosed Statemen	t of Change of Registered Offic	ce/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Name of Co	ontact Person				
Firm/Company						
Address						
	City/State a	nd Zip Code				
	ony state a	a 2.ip 00a0				
E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please	call:				
		at () Area Code & Daytime Telephone Number				
Name of	f Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 ch	eck made payable to the Depar	tment of State.				
	Mailing Address:	Street Address:				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations				
	Tallahassee, FL 32314	Clifton Building 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	provisions of sections 607.0502, c ange is submitted for a corporatio er to change its registered office o	on organize	d under the laws of the State of	Florida
1. The name of	the corporation: Winter Haven Loc	dge No. 102	3, Loyal Order Of Moose, Inc.	
2. The principal	l office address:NDALE BLVD WINTER HAVEN			-12-74-74-75-74-7
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 11/	15/76	Document number:	737292
	d street address of the current regi rtment of State: (If resigned, enter		nt and registered office on file v	vith the
	CORPORATION SERVICE COM	MPANY		
	1201 HAYS STREET TALLAHA	ASSEE FL	32301	_
6. The name an	d street address of the new registe	ered agent (if changed) and /or registered o	130 09 OCT
(if changed):	C T Corporation System			AHASS
	c/o C T Corporation System, 1200	O South Pine		
	Plantation, Florida 33324			- 24 - 886
The street addr as changed will	ess of its registered office and th l be identical.	ie street ad	dress of the business office of	its registered agent,
Such change w authorized by t	as authorized by resolution duly he board or the corporation has	adopted b been notif	y its board of directors or by a led in writing of the change.	n officer so
			Kimberly Breunling, Vic	
I hereby accept I further agree of my duties, an document is be	fre of an effect or prector I the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	fall statute t the obliga 1ge in the r	is relative to the proper and co	omplete performance
By: Of Corporation System 10/15/2		10/15/2009		
	gnature of Registered Agent rth, Assistant Secretary		Date	
	ehalf of an entity:			
	Typed 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 * * *