737644

((Requestor's Name)	
((Address)	
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((City/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
	(Business Entity Na	me)
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((Document Number)
Certified Copies	Certificate	s of Status
Special Instructions	to Filing Officer:	
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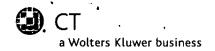
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QCT 15 2009

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 F1. 32301

Re: Order #: 7678122 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Sarasota Lodge No. 1319, 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.

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:	Amendmer Division of	nt Section Corporations					
SUBJECT: Sarasota Lodge No. 1319 Loyal Order of Moose							
Name of Corporation							
DOCI	JMENT NU	MBER:	37644				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
		Name of Cont	act Person				
Firm/Company							
Address							
City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:							
	Nor	ne of Contact Person	at () Area Code & Daytime Telephone Number				
	Ivai	ne of Contact I cison	Area code de Daytimo Pelephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.							
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 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 char	rovisions of sections 607.0502, 617.0502, 607.1 age is submitted for a corporation organized und to change its registered office or registered age	der the laws of the State of \underline{F}	lorida
1. The name of the	ne corporation: Sarasota Lodge No. 1319,Loyal O	rder of Moose	
2. The principal of			
_	ldress (if different): ST P.O. BOX 759 SARASOTA FL 34230		
4. Date of incorp	oration/qualification: 12/27/76 D	ocument number:	737644
	street address of the current registered agent and ment of State: (If resigned, enter resigned)	d registered office on file with	h the
	CORPORATION SERVICE COMPANY		•
	1201 HAYS STREET TALLAHASSEE FL 32301		
6. The name and (if changed):	street address of the new registered agent (if cha	anged) and /or registered offi	沙沙 多 O
	C T Corporation System		
	c/o C T Corporation System, 1200 South Pine Isla	nd Road	三点 ス 記録
	P.O. Box NOT acceptab		
	Plantation, Florida 33324		
The street address as changed will	ss of its registered office and the street address be identical.	s of the business office of its	s registered agent,
Such change was authorized by the	s authorized by resolution duly adopted by its e board, or the corporation has been notified in	board of directors or by an writing of the change.	officer so
		Kimberly Breunling, Vice	
I further agree to of my duties, and document is bein	the appointment as registered agent and agree of the appointment as registered agent and agree of the provisions of all statutes relified am familiar with and accept the obligation of filed merely to reflect a change in the regist been notified in writing of this change.	Printed or typed name and lite to act in this capacity. ative to the proper and com of my position as registered ered office address, I hereb	
By: OT Corporation System 10/15/2009			
Sign	ature of Registered Agent Ch, Assistant Secretary nalf of an entity:	Date	
Ту	ped 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

FL006 - 07/23/2009 C T System Online

CR2E045 (8/05)