

739867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

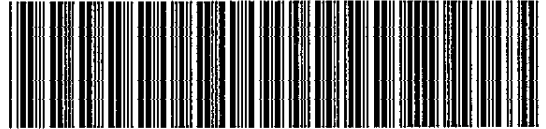
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03 JUN 11 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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20

**Document Number Only**

**CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092**

**DATE:** 6 / 11

**Corporation(s) Name**


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Big Pine Key Lodge No. 1585 Loyal Order of P. Moose, Inc.*  
\_\_\_\_\_  
\_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger            |
| <input type="checkbox"/> Nonprofit           |  |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Withdrawal      |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> UBR             | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Fictitious Name | <input checked="" type="checkbox"/> Ch. RA |

**\*\*\*Special Instructions\*\***

- |  |                                      |                              |
|--|--------------------------------------|------------------------------|
| <input type="checkbox"/> Certified Copy                    | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <small>( ) arts/amends/mergers ( ) Other-See Above</small> |                                      |                              |

- |   |   |                                    |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Pick-up | <input type="checkbox"/> Will Wait |
|---|---|------------------------------------|

**JUN 11**  *Please Return Filed Stamped  
Copies To: Melanie Steinhilber*

**Thank You!**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: BIG PINE KEY LODGE NO. 1585 LOYAL ORDER OF MOOSE, INC.
- 2. The principal office address: 21ST Street & Wilder Rd., Lode 1585, Big Pine Key, FL 33043
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 8/9/77 Document number: 739867

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lexis Document Services Inc.  
3953 WW Kelley Road  
Tallahassee, FL 32311

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road,  
(P.O. Box or personal mailbox NOT acceptable)  
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Richard W Conkright  
(Signature of an officer, chairman or vice chairman of the board)

RICHARD W CONKRIGHT ADMINISTRATION  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

6-10-03  
(Date)

If signing on behalf of an entity:

C T Corporation System  
(Typed or Printed Name)

Jeffrey R Graves  
Assistant Secretary

(Capacity)

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

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