745861

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		1			
		·			

Office Use Only



700363980587

04/16/21--01022--003 **35.00

Reg Agent Office Agent
CHalzi

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ Name	ECT: Edgewater-New Smyrna Beach Lodge # of Corporation	# 1557 BPOE of US of A, Inc.	
DOC	UMENT NUMBER: 745861		
The e	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
Rober	rta P. Savasuk		
Name	of Contact Person		
Edgev	water-New Smyrna Beach Lodge #1557 BPOE	of US of A, Inc.	
Firm/	Company		
820 V	V. Park Ave		
Addr	ess		
Edge	water, FL 32132-0536		
City/	State and Zip Code		
	elkslodge@cfl.rr.com		
E-ma	ail address: (to be used for future annua	l report notification)	
For f	urther information concerning this matter, p	please call:	
Robe	rta P. Savasuk	at (\frac{'386}{Area Code & Daytime Telephone Number}	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Encl	osed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address:	Street Address:	
	Mailing Address: Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes nized under the laws of the State of Florida tered agent, or both, in the State of Florida.		_
		Beach Lodge #1557 BPOE of US of A, Inc.		
2. The principal	office address: 820 W Park Avc, Edgewat	er, Florida 32132		
3. The mailing a	ddress (if different): P O Box 536. Edgev	vater, Florida 32132		
4. Date of incom	poration/qualification: 02/07/1979	Document number: 745861		
5. The name and		agent and registered office on file with the		
	resigned			
		SECRET	2021 MAR 16	*****
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office of the changed		
	Roberta P. Savasuk		AH 10: 01	
	820 W Park Avenue		00	
	P.O. Bo	ox NOT acceptable		
	Edgewater, Fl 32132			
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its regis	tered a	gent,
Such change wanthorized by	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer of the change.	r so	
ASS	inti su. A	Roberta P. Savasuk, Secretary		
Signati	re of an officer or director	Printed or typed name and title		
I jurther agree of my duties, ar document is be	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this chang	lities relative to the proper and complete f ligation of my position as registered agen he registered office address, I hereby conf	perforn t. Or i firm tha	iance if this it the
1	wasuk	April 14, 2021		
- W Si	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Roberta P. Sava	suk, Secretary			
	'yped or Printed Name			

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