74/8527

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(De	ocument Number)	<u></u>
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R.A Charge C.COULLIETTE OCT 1 6 2009

EXAMINER



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 FL 32301

Re:

Order #: 7677194 SO

Customer Reference 1:

COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Ft. Myers Lodge # 1899, 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,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida & inge is submitted for a corporation organized under the laws of the State of \(\frac{1}{2} \) The control of the state of Figure 1 to change its registered agent, or both, in the State of Figure 1.	Florida	nis —	<u>-</u>
	he corporation: Ft. Myers Lodge #1899 Loyal Order Of Moose, Inc.			
2. The principal				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/14/79 Document number:	7485	27	
	street address of the current registered agent and registered office on file witment of State: (If resigned, enter resigned)	th the		
	CORPORATION SERVICE COMPANY	_		
	1201 HAYS STREET TALLAHASSEE FL 32301			
		SEGRI	09 OCT	- ng
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered off	fice Sylvan	3 5	n-yarisa Graina
	C T Corporation System	<u>유</u> 하	PH	
	c/o C T Corporation System, 1200 South Pine Island Road	i	2	1 322
	P.O. Box NOT acceptable		0	
	Plantation, Florida 33324			
The street addre	ss of its registered office and the street address of the business office of it be identical.	ts register	ed age	nt,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.			
Signatu	Kimberly Breunling, Vice e of an owncer or director Printed or typed name and to			_
I hereby accept I further agree to of my duties, an 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 cond I am familiar with and accept the obligation of my position as registerent filed merely to reflect a change in the registered office address, I here been notified in writing of this change.	nplete per ed agent.	rforma Or, if n that	nce this the
By: Dolono System 10/15/0				
Rebecca Bar	nature of Registered Agent Date th Assistant Secretary half of an entity:			_
T	vped 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 CR2E045 (8/05)