

75 2031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2023 OCT 27 PM 1:35
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ocala Lodge #1014 Loyal Order of Moose Inc

DOCUMENT NUMBER: 752031 (2573084678 CC)

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diana Johnson
(Name of Contact Person)

Ocala Lodge 1014 Loyal Order of Moose Inc
(Firm/ Company)

10720 SE 45th Ave
(Address)

Belleview FL 34420
(City/ State and Zip Code)

lodge1014@mooseunits.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Johnson at 352 454 8409
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

NOB

01/27/2010

Articles of Amendment
to
Articles of Incorporation
of

FILED

Ovals Lodge #1014 Loyal Order of Moose Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

2023 OCT 27 PM 1:35

752031 (2573084678 CC)
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____ Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------------|--------------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>Treasurer</u> | <u>Solimini, Michael</u> | <u>PO Box 1048</u>
<u>Belleview FL 34421</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>Treasurer</u> | <u>Tammy White</u> | <u>16600 SE 95th Ct</u>
<u>Summerfield FL 34491</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>P</u> | <u>Lashinski, Jerry</u> | <u>PO Box 1048</u>
<u>Belleview FL 34421</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Lapiers, Tim</u> | <u>10844 SE 45th Ave</u>
<u>Belleview FL 34420</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP</u> | <u>Traci Geary</u> | <u>3499 SE 115 St</u>
<u>Belleview FL 34420</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

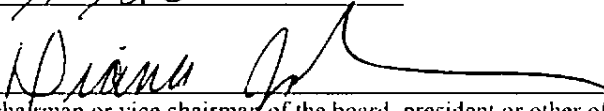
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/10/23

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Diana Johnson
(Typed or printed name of person signing)

Administrator
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2023

DIANE JOHNSON
10035 S. US HWY 441
BELLEVIEW, FL 34420

SUBJECT: OCALA LODGE NO. 1014, LOYAL ORDER OF MOOSE, INC.
Ref. Number: 752031

We have received your document for OCALA LODGE NO. 1014, LOYAL ORDER OF MOOSE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 123A00017212



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2023

DANA JOHNSON
10720 SE 45TH AVE
BELLEVIEW, FL 34420

SUBJECT: OCALA LODGE NO. 1014, LOYAL ORDER OF MOOSE, INC.
Ref. Number: 752031

We have received your document for OCALA LODGE NO. 1014, LOYAL ORDER OF MOOSE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 223A00025385

OCT 27 2023

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752031

Entity Name: OCALA LODGE NO. 1014, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

10035 S. U.S. HWY 441
BELLEVIEW, FL 34420

Current Mailing Address:

PO BOX 1048
BELLEVIEW, FL 34421 US

FEI Number: 59-1106860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ADMINISTRATOR
Name JOHNSON, DIANA
Address 10720 SE 45TH AVE
City-State-Zip: BELLEVIEW FL 34421

Title P
Name LASHINSKI, JERRY
Address PO BOX 1048
BELLEVIEW
City-State-Zip: BELLEVIEW FL 34421

Title T
Name SOLIMINI, MICHAEL
Address PO BOX 1048
BELLEVIEW
City-State-Zip: BELLEVIEW FL 34421

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANA JOHNSON

ADMINISTRATOR

01/17/2023

Electronic Signature of Signing Officer/Director Detail

Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752031

Entity Name: OCALA LODGE NO. 1014, LOYAL ORDER OF MOOSE, INC.

Current Principal Place of Business:

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Current Mailing Address:

PO BOX 1048
BELLEVIEW, FL 34421 US

FEI Number: 59-1106860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ADMINISTRATOR
Name JOHNSON, DIANA
Address 10720 SE 45TH AVE
City-State-Zip: BELLEVIEW FL 34421

Title P
Name LASHINSKI, JERRY
Address PO BOX 1048
BELLEVIEW
City-State-Zip: BELLEVIEW FL 34421

Title T
Name SOLIMINI, MICHAEL
Address PO BOX 1048
BELLEVIEW
City-State-Zip: BELLEVIEW FL 34421

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above, or on an attachment, with all other like empowered.

SIGNATURE: DIANA JOHNSON

ADMINISTRATOR

01/17/2023

Electronic Signature of Signing Officer/Director Detail

Date