## 752240

(Red	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

OINISION OF COUPURATION

O3 HAR 21 PM 1: 02

RECEIVED



400013508304

03/21/03--01040--003 \*+35.00

SECRETA DE STATE

LA Chang 3/21/03

## **CT Corporation System**

CORPORATION(S) NAME				
<del></del>				
Jacksonville Lodge No. 455,	Loyal Order of Moose, Inc.			
<del></del>		· · · · · · · · · · · · · · · · · · ·		
		<del></del>		
······································				
		<del></del>		
<del></del>				
() Profit	() Amendment	() Merger		
() Nonprofit				
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark		
/\ T: -:4-3 D	<del></del>			
() Limited Partnership	() Annual Report	() Other		
() LLC ==================================	() Name Registration	Change of RA		
	() Fictitious Name	() UCC		
() Certified Copy	() Photocopies	() CUS		
() Call When Ready	() Call If Problem	() After 4:30		
(x) Walk In	() Will Wait	(x) Pick Up		
() Mail Out				
Name	3/21/03	Order#: 0		
Availability				
Document	•			
Examiner		Ref#:		
Updater		TOTIF.		
Verifier				
W.P. Verifier	- T	Amount: \$		

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

	of change is submitted for a c	2.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, corporation organized under the laws of the State of its registered office or registered agent, or both, in the State
<i>of Florida</i> . 1. The name of	f the corporation: JACKSON	VILLE LODGE NO. 455, LOYAL ORDER OF MOOSE, INC.
2. The principa	al office address: 3834 South	side Blvd, Jacksonville, FL 32216
3. The mailing	address (if different):	- v. S
4. Date of inco	rporation/qualification: 4/3	30/80 Document number: 752210 71
	nd street address of the curren artment of State: John W. Brown	t registered agent and registered office on file with the
	9775 Creekfront Road, Apt.	. 1703
	Jacksonville, FL 32256	
6. The name a changed):	and street address of the new	registered agent (if changed) and /or registered office (if
c/o CT Corporation System, 1200 South Pine Island Road		
	(P.O. Box or Plantation, Florida 33324	personal mailbox NOT acceptable)
The street addingent, as chang	ress of its registered office ar ged will be identical.	nd the street address of the business office of its registered
Such change wanthorized by t	vas authorized by resolution of the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
Som !	u Dunn er, chairman or vice chairman of the board	Administrator
I hereby accep I further agree performance o registered age office address,	of the appointment as register to comply with the provision of my duties, and I am familia nt. Or, if this document is be I hereby confirm that the co	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete ir with and accept the obligation of my position as sing filed merely to reflect a change in the registered rporation has been notified in writing of this change.
	Partie of Reflect Agent)	3-17-03 (Date)
If signing on beha	•	Jeffrey R. Graves Assistant Secretary
CT Corporation	1 System (Typed or Printed Name)	(Capacity)

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