

1754419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

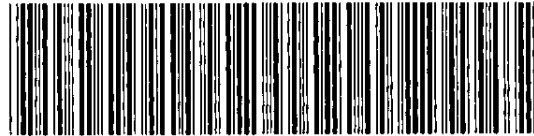
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900161438459

10/15/09--01006--019 \*\*35.00

RECEIVED  
09 OCT 15 AM 11:18  
DEPT OF CORP. FLORIDA  
TALLAHASSEE, FLORIDA

FILED  
09 OCT 15 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Charge*  
C.COULLETTE

OCT 15 2009

EXAMINER



CT

a Wolters Kluwer business

CT  
1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
[www.ctlegalsolutions.com](http://www.ctlegalsolutions.com)

October 15, 2009

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 7676785 SO  
Customer Reference 1: COA  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Marianna Lodge No. 1026, Loyal Order of Moose, Iose, 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,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Marianna Lodge No. 1026, Loyal Order Of Moose, Iose, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 754419

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at ( )  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

