

754419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

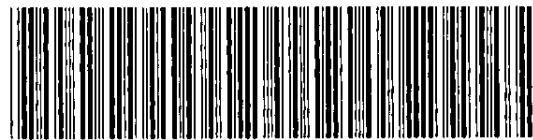
(Business Entity Name)

(Document Number)

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

RECEIVED  
09 OCT 15 AM 11:18  
STATE OF FLORIDA  
DEPARTMENT OF CORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
R.A. Change  
C.COULLIETTE  
OCT 15 2009  
EXAMINER

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TALLAHASSEE, FLORIDA  
EXAMINER

EXAMINER



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, 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Marianna Lodge No. 1026, Loyal Order Of Moose, Inc.
2. The principal office address: 3407 HWY 90 MARIANNA FL 32447
3. The mailing address (if different): P O BOX 1 MARIANNA FL 32447
4. Date of incorporation/qualification: 09/30/80 Document number: 754419

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE FL 32301

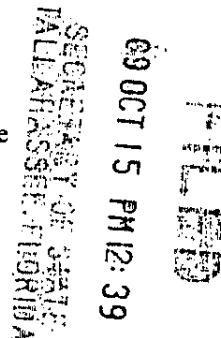
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324



The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Kimberly Breunling, Vice President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: C T Corporation System

Rebecca Barth  
Signature of Registered Agent

Rebecca Barth Assistant Secretary  
If signing on behalf of an entity:

10/15/09

Date

Typed 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)