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COVER LETTER

Amendment Section Division of Corporations

TO:

	an Logia de la Florida, Orden Caballero de la Luz, Inc. (Name of Corporation)
	756713
DOCUMENT	NUMBER: 756713
The enclosed Sta	atement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Alberto Ramirez
	(Name of Contact Person)
	Gran Logia de la Florida, Orden Caballero de la Luz, Inc. (Firm/Company)
	1701 N.W. 17 AVE. (Address)
,	Miami, Florida 33125 (City/State and Zip Code)
For further infor	mation concerning this matter, please call:
Alberto Ramirez	Name of Contact Person) at (305) 545-6054 (Area Code & Daytime Telephone Number)

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

statement of ch	ange is submitted for a corporation org	1302, 607.1308, or 617.1308, Florida Sidities ganized under the laws of the State of <u>Florida</u> sistered agent, or both, in the State of Florida.	<u> </u>	
	the corporation: Gran Logia de la Flor			
	l office address: 1701 N.W. 17 AVE.			
Miami, Flor	ido 22125			
3. The mailing			****	
4. Date of incom	rporation/qualification: 3/11/81	Document number: 756713		
	d street address of the current registere artment of State:	d agent and registered office on file with the		
	Zilia Costa - Registered Agent			
	1701 N.W. 17 AVE.			
	Miami, Florida 33125		08.1	
6. The name an (if changed):	, and the second	gent (if changed) and /or registered office	OB AUG 11 AH 8: 22	
	Alberto Ramirez - Registered	d Agent	9.	
	1701 N.W. 17 AVE.		729	
	(P.O. Box NOT accept	able)	1. -	
	Miami, Florida 33125			
as changed wil	l be identical.	eet address of the business office of its regis	_	
Such change wanthorized by	as authorized by resolution duly adoptive board, or the corporation has been	pted by its board of directors or by an officer i notified in writing of the change.	r so	
(Signa	ture of an officer or director)	Raul Torres - Treasurer (Printed or typed name and title)		
I hereby accep I further agree	t the appointment as registered agent to comply with the provisions of all s	•	verformance t. Or, if this firm that the	
Mlub	ignoture of Registered Agent)	8/06/08 (Date)		
If signing on b	ehalf of an entity:			
Alberto Ram	irez			
	(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)