

760323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

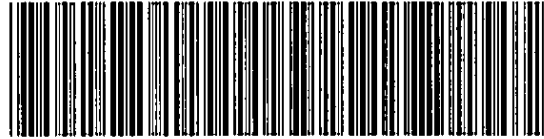
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/21--01015--001 **35.00

2021 AUG 16 PM 11:00
FILED

Almend

AUG 23 2021
ALBRITTON



RECEIVED

2021 AUG 16 PM 12:14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2021

NEW SMYRNA BEACH LODGE NO. 1835, LOYAL ORDER OF MOOSE,
C.
2335-37 S RIDGEWOOD AVE
EDGEWATER, FL 32141

SUBJECT: NEW SMYRNA BEACH LODGE NO. 1835, LOYAL ORDER OF
MOOSE, INC.
Ref. Number: 760323

We have received your document for NEW SMYRNA BEACH LODGE NO. 1835,
LOYAL ORDER OF MOOSE, INC. and your check(s) totaling \$35.00. However,
the enclosed document has not been filed and is being returned for the following
correction(s):

The form submitted is the a profit benefit corporation.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 521A00017091

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Smyrna Beach Lodge No 1835, Loyal Order of Moose, Inc

DOCUMENT NUMBER: 760323

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

Please return all correspondence concerning this matter to the following:

Philip T Piper

(Name of Contact Person)

New Smyrna Beach Lodge No 1835, Loyal Order of Moose, Inc
(Firm/ Company)

2335-37 Ridgewood Ave
(Address)

Edgewater, FL 32141
(City/ State and Zip Code)

Lodge 1835 @ mooseunits.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Piper

(Name of Contact Person)

at 714 421-0823

(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)

*already
paid*

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

Articles of Amendment
to
Articles of Incorporation
of

New Smyrna Beach Lodge No 1835, Loyal Order of Moose, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

760323
(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:

NA 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)

NA

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

NA

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: NA

(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 checked="" type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>T</u> | <u>Barber, Don</u> | <u>3430 Willow Oak Dr</u>
<u>Edgewater, FL 32132</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Hallett, David</u> | <u>2335-37 S. Ridgewood Ave</u>
<u>Edgewater, FL 32141</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>Prelate</u> | <u>Labombard, Anthony J</u> | <u>2335-37 S Ridgewood Ave</u>
<u>Edgewater, FL 32141</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input checked="" type="checkbox"/> Remove | <u>TR</u> | <u>Towell, Travis</u> | <u>2335-37 Ridgewood Ave</u>
<u>Edgewater, FL 32141</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>P</u> | <u>Smith, Jon</u> | <u>11661 Paula Ct</u>
<u>Edgewater, FL 32132</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>Mgr</u> | <u>Graham, Catherine</u> | <u>4520 Myrtle St</u>
<u>Edgewater, FL 32141</u> |

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

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

NA

Lined area for text entry.

The date of each amendment(s) adoption: _____, 5/11/21, if other than the date this document was signed.

Effective date if applicable: 5/11/21
(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

8/13/21

Signature

Philip T Piper

(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)

Philip T Piper

(Typed or printed name of person signing)

Administrator

(Title of person signing)