767759

(Re	questor's Name)	
(Add	dress)	
(Address)		
(City	y/State/Zip/Phone	e #)
		<u></u>
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to I	Filing Officer:	

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EXAMINER



CT

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

October 15, 2009

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

Re:

Order #: 7676723 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Dade City Lodge No. 397, 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,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com

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

statement of change	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stage is submitted for a corporation organized under the laws of the State of Flo to change its registered office or registered agent, or both, in the State of Flo	orida	is.	_
1. The name of the	e corporation: Dade City Lodge No. 397, Loyal Order Of Moose, Inc.	<u> </u>		
2. The principal of				
•	dress (if different):		-	
4. Date of incorpo	ration/qualification:03/30/83Document number:	76775	i9	
5. The name and s Florida Departr	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the		
-	201 HAYS STREET TALLAHASSEE FL 32301			
6. The name and s	treet address of the new registered agent (if changed) and /or registered offic	SEGRETTANS!	09 OCT 15	A SECTION OF THE SECT
(if changed):			PH	∯ # (
-	C T Corporation System			
<u> </u>	/o C T Corporation System, 1200 South Pine Island Road	NE	5	
<u> 1</u>	P.O. Box NOT acceptable Plantation, Florida 33324	東西		
The street addres as changed will b	s of its registered office and the street address of the business office of its e identical.	register	ed age	nt,
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an oboard, or the corporation has been notified in writing of the change.	officer so)	
	Kimberly Breunling, Vice P	resident		_
I hereby accept the second of	Printed or typed name and title ne appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and compl I am familiar with and accept the obligation of my position as registered g filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	olete per	forma Or, if t 1 that i	nce this the
By: POTC	orporation System 10/15/09	10/15/09		
	ture of Registered Agent Date h Assistant Secretary alf of an entity:			_
Тур	ed 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)