

I	Requestor's Name					
	Address					
City/Stat	te/Zip Phone #		Office Use Only			
CORPORATIO	N NAME(S) & DOCUME	ENT NUMBER(S), (if I	known):			
1	orporation Name)	(C)				
2. <u>(Co</u>	orporation Name)	(Document #)	. <u></u>			
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	e provisions of sect	ions 607.0502, 617	.0502, 607.	1508, or <u>6</u> 17.150)8, Florida	Statutes,
the undersigne	d corporation organ	ized under the laws	of the State	of FL		
submits the fol	lowing statement in	order to change its	registered	office or registere	zd <u>a</u> gent, or	both, in
the State of Flo	rida.					
1. The name of	the corporation is:_	FOUR TOWNES LODGE	NO. 655, LO	YAL ORDER OF MOOS	E, INC.	
					·	
2. The mailing	address of the corpo	~ 1	Bex	1033		
		Deba	Ry F	<u>L 3271</u>	<u> </u>	
3. Date of inco	prporation/qualificati	ion: <u>(d/9/83</u>	Do	ocument number:	7688	5/
4. The name an	d address of the cur	rent registered agent	t and office	:	~	
	CT CORPORAT	ION SYSTEM				99
	1200 SOUTH 1	PINE ISLAND ROAL)		= ≥≓	E 1
	PLANTATION,	FI. 33324 -			_ XX	
5. The name an	d address of the new		nd office: (P	O. Box Not Acc	eptable)	골 [
	LEXIS DOCUM	ENT SERVICES INC	•	-		ယ္ 🛴
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	3953 WW KELI	LEY KOAD			= PE	
	TALLAHASSEE,	, FL. 3 230 1 ろつ	311	·····	=	
-	ess of its registered ged, will be identica					
Such change w	as authorized by res	solution duly adopte	ed by its bo	ard of directors of	r b <u>y</u> an offic	cer so
1/1/11	11/1/10/10/20		-	1 -	- Īa-C	29
(Signature	of an officer, chairman or	vice chairman of the boa	rd)	(D	Pate)	~
1						
	(Printed or typed na	me and title)				
Having been no corporation, I i I further agree performance of registered ages	amed as registered of hereby accept the al to comply with the fmy duties, and I an nt.	agent and to accept opointment as regis provisions of all sta n familiar with and	service of parties of parties and services relations accept the	process for the ab t and agree to act ve to the proper o obligation of my	pove stated in this cape and complet position as	acity. te
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,		50 <i>11c)</i>		(Date)	.	
If signing on beha		10-	,	Post Con	10.7	7
	<u> Plog(a Fle S</u> Typed or Printed Name)	<u> </u>	((Capacity)	my	

* * * FILING FEE: \$35.00 * * *