## 768851

(Requestor's Name)
(Address)
(Address)
( iddicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harrey
(Document Number)
Certified Copies Certificates of Status
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DEFARTMENT OF STATE
DIVISION OF CORPORATION

1/20/01



1 17-74			4.9			•	
	ACCOUNT NO.	: 07	21000000	32			
	REFERENCE	: 32	21056	7394358			
	AUTHORIZATION	: 8	nels ol	man			
	COST LIMIT	. \$	35.00			_	
ORDER DATE :	November 15, 200	7				_	
ORDER TIME :	9:47 AM				•		
ORDER NO. :	321056-200						
CUSTOMER NO:	7394358						
· 			· <b>- -</b>		<del></del> -		
CHANGE OF AGENT							
NAME :	FOUR TOWNES LOYAL ORDER OF				~		
PLEASE RETURN	THE FOLLOWING AS	PROOF	OF FILE	NG:		•	
CERTIF PLAIN	'IED COPY STAMPED COPY						
CONTACT PERSON	: Debbie Skippe:	r E	XT# 2948	3			
		EX	AMINER:				

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617 ange is submitted for a corporation organized under the laws ler to change its registered office or registered agent, or both,	of the State of	Florida	his	_
1. The name of	the corporation: FOUR TOWNES LODGE NO. 655, LOYAL	ORDER OF MO	OSE, INC		
	office address: 201 Benson Junction Road, Debary, FL 32713				
3. The mailing	address (if different): P. O. Box 531023, Debary, FL 32753-10	23			
4. Date of incom	rporation/qualification: 06/09/1983 Document nu	mber: <u>768851</u>			
	nd street address of the current registered agent and registered artment of State:	office on file wi	th the		
	C T Corporation System				
	1200 South Pine Island Road		_		
	Plantation, FL 33324		_		
6. The name an (if changed):	ad street address of the new registered agent (if changed) and /	or registered off	SECRI TALLA	2007 NOV 20	771
	Corporation Service Company		ETAR HASS	)Y 2(	
	1201 Hays Street		Υ OF SEE,	P	m
	(P.O. Box NOT acceptable)		F STATE FLORID	PM 3: 40	D
	Tallahassee, FL 32301		RIDA -	0	
The street addr as changed wil	ress of its registered office and the street address of the busi Il be identical.	ness office of it	ts register	red age	nt,
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of di the board, or the corporation has been notified in writing of	rectors or by an the change.	officer s	o	
Mosi,	Maureen Cullen, A	Attorney In Fact	title)		_
of my duties, a document is be corporation ha	It the appointment as registered agent and agree to act in the to comply with the provisions of all statutes relative to the nd I am familiar with and accept the obligation of my position filed merely to reflect a change in the registered office as been notified in writing of this change.	is capacity.	nnlete nei	rforma Or, if i m that	nce this the
By:W/K	ignature of Registered Agent)	- 14 - 01 (Date)	1		_
If signing on b	ehalf of an entity:				
	nnoy, Assistant Vice President				
(	(Typed or Printed Name)				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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