769610

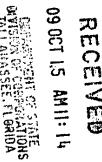
(Requestor's Name)						
(Add	(Address)					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bus	iness Entity Nan	ne)				
(Doc	cument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to F	iling Officer:					
,						

Office Use Only



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R-A. Change C.COULLIETTE

OCI 15 2009

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 #: 7678451 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

South Lake County Lodge No. 1615, 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,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO:	Amendme Division o	nt Section of Corporations					
SUBJECT:South Lake County Lodge No. 1615 Loyal Order of Moose, Inc.							
		Name of	Corporation				
DOC	UMENT NU	JMBER:	9400003210				
The en	iclosed State	ement of Change of Registered Off	ice/Agent and fee are submitted for filing.				
Please	return all co	orrespondence concerning this mat	er to the following:				
		Name of C	Contact Person				
		Firm/	Company				
		A	idress				
		City/State	and Zip Code				
	-	E-mail address: (to be used for	future annual report notification)				
For fu	rther inform	ation concerning this matter, pleas	e call:				
			at () Area Code & Daytime Telephone Number				
	Na	me of Contact Person	Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.0	00 check made payable to the Dep	artment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building				
		Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co r to change its registered	rporation organiz office or register	, 607.1508, or 617.1508, F ted under the laws of the Si red agent, or both, in the Si	tate of Florida tate of Florida.		
1. The name of t	he corporation: South Lak	ce County Lodge N	No. 1615 Loyal Order of Mo	ose, Inc.		
2. The principal			elateration in the state of the			
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification:	07/29/83	Document number:	769610		
	street address of the curt tment of State: (If resigne		ent and registered office or)	n file with the		
	CORPORATION SERV	ICE COMPANY				
	1201 HAYS STREET TALLAHASSEE FL 32301					
						
6. The name and (if changed):	street address of the nev	v registered agent	(if changed) and /or regist	ered office		
	C T Corporation System			8 8		
	c/o C T Corporation Syst	em, 1200 South Pi	ne Island Road			
P.O. Box NOT acceptable						
	Plantation, Florida 33324		**			
The street addre	ess of its registered offic be identical.	e and the street a	ddress of the business off	fice of its registered gent,		
Such change was authorized by the	as authorized by resolution board; or the corporat	on duly adopted ion has been not	by its board of directors of the cha	or by an officer so nge.		
<i>\</i>			•	ng, Vice President		
	e of an officer or director		Printed or typed n			
I further agree i of my duties, an document is bei	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	sions of all statu Laccept the oblig t a change in the	l agree to act in this capac tes relative to the proper gation of my position as re registered office address	city. and complete performance egistered agent. Or, if this , I hereby confirm that the		
By: Poly Corporation System 10/15/2009				/2009		
•	nature of Registered Agent th, Assistant Secre	tary	Date			
If signing on be	half of an entity:	-				
T	yped or Printed Name					

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

CKS PAYABLE TO FLORIDA DEPARTMENT OF STATE_