770456

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
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2018 HAY 29 PH 1: 1
SECRETARY OF STATE

C. GOLDEN MAY 31 2018

COVER LETTER

of Elks america Inc.

Division of Corporations
SUBJECT: Lake Placid Lodge No 2001 Benevolent and Protective Order Name of Corporation of the United States of
DOCUMENT NUMBER: 770456
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Susan MeGinnis Name of Contact Person
EIKS Ludge # 2001
200 CR 5R 621 E PO BOX 1085
Lake Placid F1 33862 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan McGinnis at (S13) 509 - 7157 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

CR2E045 (03/12)

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2018

SUSAN MCGINNIS POST OFFICE BOX 1085 LAKE PLACID, FL 33852

SUBJECT: LAKE PLACID LODGE, NO. 2661, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

Ref. Number: 770456

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 418A00009635

SECRETARY OF STATE

www.sunbiz.org

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Lake Placid Ludge No Zuul Benevulent and Protective</u> 2. The principal office address: <u>ZUO CR SRUZIE</u> PUBOX 1085 Lake Placid F1 33862
3. The mailing address (if different): PO BOX 1085 Lake Placed F1 33862
4. Date of incorporation/qualification: 9-28-83 Document number: 770457
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
John Holbrook (resigned) SERRE TI 133 Melanic Drive AASSE TO Lake Placid, F1 33852
John Holbrook (resigned & T) 133 Melanic Drive EEE T
Lake Placid F1 33852 SARY 20 F
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
3 WSWN 111 CT MM 15
1219 Red Mulberry St
Lake Placid F1 33852
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an other of director Mathematical Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Susan Mc Llinis 5-21-18 Signature of Registered Agent Date
Signature of Registered Agent Date If signing on behalf of an entity:
Susan Mc Ginnis Typed or Printed Name
Typed 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 (03/12)