C10236

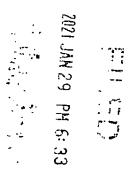
(Re	equestor's Name)	- -
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
}		

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MAR 1 7 2021 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DADE CITY LODGE NO. 48 FREE AND A	ACCEPTED MASONS OF FLORIDA			
Name of Corporation				
DOCUMENT NUMBER: C10236	 			
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
GARY D. MENTRO, SR.				
Name of Contact Person				
DADE CITY LODGE NO. 48 FREE AND ACCEPTED (MASAONS C			
Firm/Company				
13642 21ST STREET SOUTH				
Address				
DADE CITY, FLORIDA 33525-4511				
City/State and Zip Code				
gmentro@gmail.com				
E-mail address: (to be used for future annual rep	ort notification)			
·				
For further information concerning this matter, pleas	e call:			
Gary D. Mentro, Sr., Secretary	at (813)810-9804 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Dep	artment of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F inge is submitted for a corporation organized under the laws of the S or to change its registered office or registered agent, or both, in the St	tate of <u>F</u>	lorida	this	_
1. The name of t	the corporation: DADE CITY LODGE NO. 48 FREE AND ACCEPTED	D MASO	NS OF	FLORIE)A
2. The principal	office address: 13642 21ST STREET SOUTH, DADE CITY, FLORIDA	\ 33525-4	1511		
3. The mailing a	address (if different):				_
4. Date of incorp	poration/qualification: 06/30/1992 Document number: C	10236			
	d street address of the current registered agent and registered office or rtment of State: (If resigned, enter resigned)	n file with	h the		
	RICHARD E. LYNN				
	220 OCEAN STREET			~>	
	JACKSONVILLE, FL 32202			2021 JAN 29	ï
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or regist	ered offi	ce-		
	GARY D. MENTRO, SR., SECRETARY			PH 6:	; ;-
	13642 21ST STREET SOUTH			 ယ	
	P.O. Box NOT acceptable		-		
	DADE CITY, FL 33525-4511				
The street addre as changed will	ess of its registered office and the street address of the business off be identical.	ice of its	registo	ered age	nt,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors on the board, or the corporation has been notified in writing of the characteristics.	r by an c ige.	officer :	so	
Fas	GARY D. MENTRO, SR.	1			_
I herchy accept I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacto comply with the provisions of all statutes relative to the proper of all familiar with and accept the obligation of my position as reing filed merely to reflect a change in the registered office address, sien notified in writing of this change.	ity. and comi	plete pe	erforma Or, if i om that	nce this the
Hare	GARY D. MENTRO, SR.				
Sig	nature of Registered Agent Date				_
If signing on be	chalf of an entity:				
T	yped or Printed Name				

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