C10368

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Contification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
TALLAHASSEE, FLOARD

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Grand	d Commandery of Knig Name of C	ghts Templar of Flori	ida	
	Name of C	Corporation		
DOCUMENT NUMBER:		C10368		
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are submitte	ed for filing.	
Please return all corresp	ondence concerning this matte	r to the following:		
·		R. Smith		
	Name of Co	ntact Person		
	Grand York F	Rite of Florida		
	Firm/C	ompany		
	223 John I	Knox Road		
		ress		
	Tallahassee,	Florida 32303		
	City/State a	nd Zip Code		
	gyr@flg	gyr.org		
E-m	gyr@flo ail address: (to be used for i	future annual report notific	cation)	
For further information	concerning this matter, please	call:		
Den	cel R. Smith	at (850)	385-0625	
	Contact Person	at (<u>850</u>) Area Code & Daytim	e Telephone Number	
Enclosed is a \$35.00 ch	eck made payable to the Depar	tment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Sec	tion	
	Division of Corporations	Division of Cor	porations	
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive	2661 Executive Center Circle	

Tallahassee, FL 32301

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Grand Commandery of Knights Templar of Florida
2. The principal office address: 223 John Knox Road Tallahassee, FL 32303
3. The mailing address (if different): P.O. Box 180428 Tallahassee, FL 32318-0428
, but of morporation quantication bounded named
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)
Steven Q. Steele
210 Anna Maria Way NE
Lake Placid, FL 33852
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Dencel R. Smith
2913 Joyce Drive
P.O. Box NOT acceptable
Tallahassee, FL 32303-2247
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 officer or director Dencel R. Smith, Grand Recorder 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.
New W. Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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