

N00000002522

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

Office Use Only



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10/15/09--01032--015 **35.00

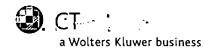




R.A. Charze C.COULLIETTE

OCT 19 2009

EXAMINER



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 #: 7677654 SO

Customer Reference 1:

COA

Customer Reference 2:

None Given

Dear Department of State, Florida:

Please obtain the following:

Astor Lodge No. 2552, 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,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com

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

statement of cha	provisions of sections 607.0502 nge is submitted for a corpora r to change its registered office	tion organized	under the laws of the Stat	te of Florida
1. The name of t	he corporation: Astor Lodge No	o. 2552, Loyal (Order Of Moose, Inc.	
2. The principal				4) + 30 " "
_	ddress (if different): 000 ASTOR FL 32102			
4. Date of incorp	oration/qualification:0	14/11/00	_ Document number:	N00000002522
	street address of the current re tment of State: (If resigned, en		and registered office on f	ile with the
	CORPORATION SERVICE C	OMPANY		
	1201 HAYS STREET TALLA	HASSEE FL 32	301	
6. The name and (if changed):	street address of the new regis	stered agent (if	changed) and /or register	ed office FAHAS
	c/o C T Corporation System, 12	200 South Pine		SO A
	Plantation, Florida 33324		· /	
The street addre	ss of its registered office and be identical.	the street add	ress of the business office	e of its registered agent,
Such change wa authorized by th	s authorized by resolution du the board, or the corporation ha	ly adopted by as been notifie	its board of directors or d in writing of the chang	by an officer so re.
			Kimberly Breunling	
I hereby accept I further agree to of my duties, an document is bei	e of an officer or director the appointment as registered o comply with the provisions d I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	of all statutes pt the obligati ange in the re	relative to the proper an ion of my position as reg	y. d complete performance istered agent. Or. if this
By: CT Corporation System 10/15/0			09	
Sign Rebecca Bar	nature of Registered Agent th Assistant Secretary half of an entity:		Date	
	ped 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 (8/05)