## N00000002693

Office Use Only



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SEGRETARY OF STATE
TALLAHRSSEE PLONIO

R-A. Chang

OCT 7.6 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 #: 7677194 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Gulf Cove Lodge No. 2554, 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	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Florid Under the laws of the State o agent, or both, in the State o	f Florida
	he corporation:		•	
2. The principal				
•	ddress (if different):81 ENGLEWOOD FL 342			
4. Date of incorporation/qualification:				N00000002693
	tment of State: (If resigne	ed, enter resigned)	and registered office on file	with the
	CORPORATION SERVI			
	1201 HAYS STREET TA	ALLAHASSEE FL 33	2301	OG OCT 15 SEGREFARE ALLAHASSS
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable			52
	Plantation, Florida 33324			<u></u>
The street addre	ess of its registered offic- be identical.	e and the street add	ress of the business office o	f its registered agent,
Such change wa authorized by th	as authorized by resolutine board, or the corporat	on duly adopted by ion has been notific	vits board of directors or by ed in writing of the change.	an officer so
			Kimberly Breunling, V	ice President
I hereby accept I further agree i of my duties, an document is bei	to comply with the <del>provi</del>	stons of all statutes I accept the obligat t a change in the re	Printed or typed name an gree to act in this capacity, is relative to the proper and c tion of my position as registe egistered office address, I he	complete performance
By: Rollecca Barth 10/15/09				
Rebecca Bar	nature of Registered Agent th Assistant Secreta half of an entity:	ary	Date	
	yped 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)