

No 1200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

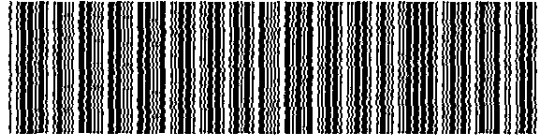
(Business Entity Name)

(Document Number)

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03 AUG 14 AM 11:38

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

03 AUG 14 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. Coulllette AUG 14 2003

**Document Number Only**

C T CORPORATION SYSTEM

**Requestor's Name**

660 East Jefferson Street

**Address**

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

**CORPORATION(S) NAME**

North Port Lodge No. 764, Loyal Order of Moose, Inc.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Foreign                       |   |  |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

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8/14/03

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CONNIE BRYAN

**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,  
the undersigned corporation organized under the laws of the State of Florida  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.*

1. The name of the corporation : NORTH PORT LODGE NO. 764, LOYAL ORDER OF MOOSE, INC.

2. The mailing address of the corporation : 14156 Tamiami Trail, Post Office Box 7003, North Port, FL 34287

3. Date of incorporation/qualification: 2/2/84 Document number: N01200

4. The name and address of the current registered agent and office:

Lexis Document Services Inc.

3953 WW Kelley Road, Tallahassee, FL 32311

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box **Not** Acceptable)

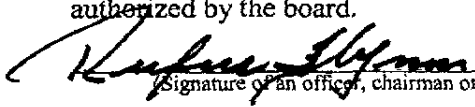
C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

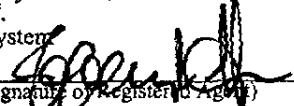
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

7-2-03  
(Date)

RUFUS FLYNN ADMINISTRATOR  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

C T Corporation System  
By: 

(Signature of Registered Agent)

6/23/03  
(Date)

If signing on behalf of an entity:

Jeffrey R. Graves  
Assistant Secretary

(Typed or Printed Name)

(Capacity)

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