Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

: (850)878-5368 Fax Number

REGISTERED AGENT CHANGE

SPRING HILL LODGE NO. 521, LOYAL ORDER OF MOOSE, INC

Certificate of Status 0 Certified Copy -Page Count 02 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of chi	ange is submitted for a corp	poration organise	507.1508, or 617.1508, Floi d under the laws of the State l agent, or both, in the State	of Florida	
1. The name of	the corporation: Spring Hill	Lodge No. 521, L	oyal Order of Moose, Inc.		
2. The principal	office address:				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	07/10/84	Document number:	N04102	
	d street address of the currentment of State: (If resigned		t and registered office on fil	e with the	
	CORPORATION SERVICE	E COMPANY			
	1201 HAYS STREET TAL	Lahassee FL 3	2301		
					≠s
The лате and (if changed);		egistered agent (if	changed) and for registered	i office	SECRETARY ALLAHASSE 09 OCT 20
	C T Corporation System				TAS TAS
					0 833 848
		P.O. Box NOT acc	nborpja		圣 河
	Plantation, Florida 33324				9 9
			ress of the business office		AHASSEE, FLORIDA OCT 20 AM 8: 19
Such change wa authorized by th	as authorized by resolution to board, or the corporation	i duly adopted by n has been notific	its board of directors or bed in writing of the change		
	UNK		James Halpin, Vice		_
•	det in difficie or director the appointment as registe o comply with the provisic of I am familiar with and a neg filed merely to reflect a been notified in writing o	ered agent and agent of all statutes ocept the obligate change in the ref	relative to this capacity, relative to the proper acti- ion of my position as regis gistered office address, I h		rce his he
	Corporation System	1	10/19/200		
Sign	uture of Registered Agent	~~ ~~~~~	Delo		-
	half of an entity:	- J			
77	pod or Printed Name	 			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35,00 * * *