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Τo:

Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION

Account Number : FCACO 100002 Phone : (850) 12-100

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE		
JACKSONVILLE BEACH LODGE NO. 1558 LOYAL ORDER	OF MO	ŋ

Certificate of Status	0
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004-011-030T



February 10, 2010

FLORIDA DEPARTMENT OF STATE

JACKSONVILLE BEACE LODGE NO. 1558 LOYAL ORDER OF MOOSE 10 NORTE STEET JACKSONVILLE BEACE, FL 32250

SUBJECT: JACKSONVILLE BEACH LODGE NO. 1558 LOYAL ORDER OF MOOSE INC. REF: N07000011174

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H10000029596 Letter Number: 910A00003432



COVER LETTER

TO:	Amendan Division	ent Section of Corporations			
SUBJ	ECT:	Jacksonville Bea	ch Lodge No. 1558	Loyal Order of Moose, Inc.	
			Name of Co	orporation	
DOC	UMŒNT NI	UMBER:	N07	000011174	
			f Registered Office	/Agent and fee are submitted for fi	ling.
Please	return all c	orrespondence con	erning this matter	to the following:	
•			Name of Con	tact Person	•
•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			Firm/Co	mpany	
			Addr	DSS .	
			City/State and	d Zip Code	
			sherrmann@mo		
	_	E-mail address:	(to be used for fu	ture annual report notification)	
Por fu	rther inform	ation concerning th	is matter, please ca	all:	
				at () Area Code & Daytime Telep	hone Number
	Na	me of Contact Pers	on.	Area Code & Daytime Telep	fiorte 14mmoet
Enclos	ed is a \$35.0	00 check made pay	able to the Departn	ment of State.	
		Mailing Add Amendment Division of P.O. Box 63 Tallahassee,	Corporations 27	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

CR2E045 (8/05)

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

statement of ci	hange is submitted for a cor	poration organize	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, tn the State	of Florida
		- •	o. 1558, Loyal Order of Moose	•
2. The princips	al office address:	,	war a sawar a	
3. The mailing	address (if different):			-
4. Date of inco	rporation/qualification:	11/19/2007	Document number:	N07000011174
	nd street address of the currentment of State: (If resigne		nt and registered office on fil	e with the
	CORPORATION SERVICE	CE COMPANY		
	1201 HAYS STREET TAI	LLAHASSEE FL 3	2301-2525	
		<u>.</u>	•	
6. The name an (if changed):		registered agent (i	f changed) and /or registered	
,	C T Corporation System			
	c/o C T Corporation System			
	Plantation, Florida 33324	P.O. Box NOT ax	xipinglo .	.
The street addr	ess of its registered office	and the street add	lress of the business office	of its registered agent,
_			vits board of directors or by ed in writing of the change.	
l	1		Kimberly Breunling, \	
	re of an officer or director		Printed or typed name a	
hereby accept further agree of my duties, an locument is bei corporation has	the appointment as regist to comply with the provise of I am familiar with and a ing filed merely to reflect a been notified in writing o	ered agent and a ons of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity, i relative to the proper and tion of my position as regist gistered office address, I h	complete performance ered agent. Or, if this ereby confirm that the
By: R T Corporation System 02/09/10				
Rebacca E	nature of Registered Agent Larth, Assistant Secre	tary . —	Date	
f signing on be	half of an entity:			
Τη	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)