N21655

T.								
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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10/15/09--01045--014 **35.00

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R.A. Chorge C.COULLIETTE OCT 16 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 #: 7677763 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Palm Bay, Florida Lodge No. 2311 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,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



COVER LETTER

TO:	Amendm Division	ent Section of Corporations				
SURI	ECT:	Palm Bay, Florid				
5000	EC1		n			
DOC	UMENT N	UMBER:		N21655		
				ce/Agent a	and fee are submitted f	for filing.
Please	return all	correspondence cond	cerning this matte	er to the fo	ollowing:	
			Name of Co	ontact Pers	son	
Firm/Company						
_			Ad	dress		
			City/State a	and Zip Co	ode	
		E-mail address:	(to be used for	future an	nual report notificati	on)
For fu	rther inform	nation concerning th	nis matter, please	call:		
	N	ame of Contact Pers	son	at () rea Code & Daytime T	elephone Number
Enclo	sed is a \$35	.00 check made pay	able to the Depa	rtment of	State.	
		Mailing Add Amendmen			Street Address: Amendment Section	n

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

statement of chai	nge is submitted for a co r to change its registerea	rporation organiz l office or register	607.1508, or 617.1508, Florida S ed under the laws of the State of $\frac{\Gamma}{\Gamma}$ ed agent, or both, in the State of Fi	lorida	<i>S</i>	-
1. The name of t	he corporation: Palm Bay	, Florida Lodge No	o. 2311 Loyal Order Of Moose, Inc.			
2. The principal				<u>.</u>		
3. The mailing a	ddress (if different):	1.				
4. Date of incorp	oration/qualification:	07/22/87	Document number:	N2165	5	
	street address of the cur tment of State: (If resign		ent and registered office on file wit	h the		
	CORPORATION SERV	ICE COMPANY				
	1201 HAYS STREET TA	ALLAHASSEE FL	32301	-		
6. The name and (if changed):	street address of the nev	v registered agent	(if changed) and /or registered offi	SEURLIKS TALLAHASS	09 OCT 15	1 3 mars 1 mars
	c/o C T Corporation Syst				PH 2:	
	Plantation, Florida 33324	P.O. Box NOT:	acceptable		38	APINED.
The street addre	ess of its registered offic be identical.	e and the street a	ddress of the business office of it	s registere	d ager	nt,
Such change wa authorized by th	as authorized by resolutive board, or the corporate	ion duly adopted tion has been noti	by its board of directors or by an ified in writing of the change.	officer so		
/			Kimberly Breunling, Vice	President		
I hereby accept I further agree t of my duties, an document is bei	in comply with the press	isions of all statu d accept the oblig ct a change in the	Printed or typed name and till agree to act in this capacity. tes relative to the proper and con gation of my position as registere, registered office address, I hereb	nlete nert	formar Or, if t that t	- ice his he
By: P C T Corporation System 10/15/2009						
Rebecca Bar	nature of Registered Agent th, Assistant Secre half of an entity:	tary	Date			-
Ty	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)