

N29398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

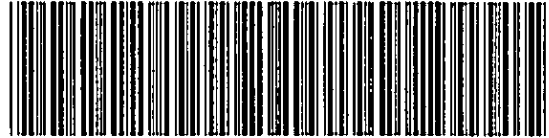
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 DEC -7 AM 7:29  
STATE  
TALLAHASSEE FL

3/1/2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pine Castle Lodge No 2345, Loyal Order of Moose  
Name of Corporation

**DOCUMENT NUMBER:** 0476908891CC

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Clementz

Name of Contact Person

Pine castle Moose Lodge

Firm/Company

5108 S. Orange Ave

Address

Orlando FL 32809

City/State and Zip Code

lodge2345@mooseunits.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Clementz

Name of Contact Person

at (407)

857-2345

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pine Castle Lodge No 2345, Loyal Order of Moose, Inc.
2. The principal office address: 5108 S. Orange Ave., Orlando FL 32809
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11-22-1988 Document number: N29398
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John Clementz

5108 S. Orange Ave

Orlando FL 32809

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

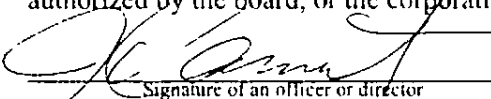
1200 S. Pine Island Rd. Suite 250

P.O. Box NOT acceptable

Plantation FL 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, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

John Clementz, Administrator

\_\_\_\_\_  
Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

11-30-22

\_\_\_\_\_  
Date

If signing on behalf of an entity:

John Clementz

\_\_\_\_\_  
-Typed 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 (04/13)