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CORPORATI	ION(S) NAME		
Pine Costle Ludge	No. 2345, Lo.	yal Order of	Moose, Inc.
	77.0		
( ) Profit ( ) NonProfit	() Amendm	ent	() Merger
) Limited Liability Compar () Foreign		on/Withdrawal	() Mark
( ) Limited Partnership	() Annual R	eport	() Other
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CR2E031 (1-89)

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

Pursuant to the provisions of sections the undersigned corporation organized		
submits the following statement in ord the State of Florida.	· · · · · · · · · · · · · · · · · · ·	-
1. The name of the corporation : PINE of	CASTLE LODGE NO. 2345, LOYA	AL ORDER OF MOOSE, INC.
2. The mailing address of the corporati	on: 5665 S. Orange Ave., Orlando,	, FL 32809
3. Date of incorporation/qualification:	11/22/88 Docum	ment number: N29298
4. The name and address of the current	registered agent and office:	
Lexis Document Services I	inc.	
3953 WW Kelley Road, Ta	allahassee, FL 32311	
5. The name and address of the new rej	gistered agent (if changed) and/ P. O. Box Not Acceptable)	ALE 03
C T Corporation System		AUG
c/o C T Corporation System	n, 1200 South Pine Island Road,	ARA T
Plantation, Florida 33324		E PR
The street address of its registered offi agent, as changed, will be identical.	ice and the street address of the	e business office of its registered
Such change was authorized by resolu authorized by the board.	tion duly adopted by its board	of directors or by an officer so
(Signature of an officer, chairman or vice	us.	6/30/03
(Signature of an officer, charman of vice	ESA-AOMINIS	(Date)
Having been named as registered age. corporation, I hereby accept the appo. I further agree to comply with the properformance of my duties, and I am faregistered agent.	nt and to accept service of pro intment as registered agent an visions of all statutes relative t	ocess for the above stated ad agree to act in this capacity. to the proper and complete
C T Corporation System  By:  (Signatur M Registered Agent)		(23/03 (Date)
If signing on behalf of an entity:	Jeffrey R Graves Assistant Secretary	
(Typed or Printed Name)		(Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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